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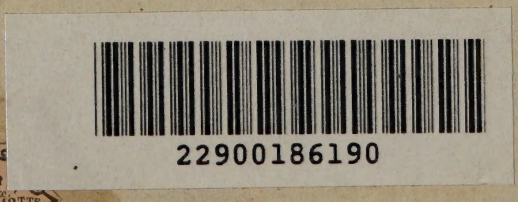
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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XV.

WE have to bring before you to-day, gentlemen, another form of enteritis, differing in some respects from those which I described at our last meeting. It is not generally called an enteritis, though I see no reason why it should not, for it is the same in its essence—namely, an inflammation of the mucous lining of one of the intestines. The intestine chiefly, and in some instances solely, engaged, is the colon, from which circumstance the French call it *colitis*: Sir George Ballingall has named it *colonitis*, and in this country it is well know as *dysentery*. Dysentery, though often a very mild disease, is sometimes a most formidable one. Its ravages in the army and navy have often been frightful, sweeping away more brave fellows in the camp than the fiercest enemy could do in the battle-field. Witness many a campaign from Azincourt to that of the "Spanish patriots." In civil life, too, it has slain its thousands; and Ireland has repeatedly quailed under its desolating march. Whether, therefore, you intend yourselves for home or foreign service, you ought to study this disease with attention; and for your encouragement I may mention that medical skill has effected wonders, especially in preventing this malady; and prevention, you know, is better than cure.

Dysentery is placed by Cullen in the class *pyrexiæ*, order *profluvia*; and he defines it "Contagious pyrexia; frequent mucous or bloody stools; the feces being generally retained: gripes, tenesmus." This definition is faulty in laying down contagion as an essential part of the affection, for we shall see that it is only under peculiar circumstances that we have any ground for considering it contagious. It is, however, impossible to give, in half a dozen words, anything like an accurate enumeration of the characters of a disease that varies in every climate and in every season, in every locality and in every constitution.

Dysentery occurs in an *acute* and in a *chronic* form, and in either case it may be *simple* or *complicated* with fever, liver disease, &c. It is seen in scattered *sporadic* cases, or it may be *endemic* in certain situations, or it may rage as a contagious *epidemic*. In some cases it is *apyrectic*, exhibiting none of the symptoms of fever, and in others it is *pyrectic*, being combined with fevers of a *remittent* or of a *continued* type.—Many other varieties are to be met with, and authors who have written on the subject have described them with minuteness, and taken pains to name them; but I will not tire you by following them: I must leave something for your own research, confining myself to a sketch of those which I have mentioned.

Acute dysentery, when *mild* and uncomplicated, is usually ushered in by a looseness of the bowels, which is of variable duration, and which is itself often preceded by constipation. The alvine discharges are at first liquid, feculent, and not calculated to attract much attention. There is no pain, or only a little griping pain, before each motion, and the evacuation removes it for the time. Then the discharges lose their feculent character, and consist of mucous, or of a slimy or gelatinous substance, stained or streaked with blood; and, at intervals, partly or entirely feculent. The patient feels chilly; he likes to sit long on the night chair, and has an uneasiness and straining, which we call *tenesmus* or needing, as if something more was to come away. The pulse is not much affected—merely a little quickened. The appetite is gone, the thirst considerable, and the tongue whitish and furred. In this state the patient goes on for a week or ten days, when the disease assumes a chronic

form; or else there is a decided amendment in the symptoms, usually marked by a relaxation of the skin; or he improves for a couple of days, and then relapses into as bad a state as before—worse, indeed, because he is weakened and impatient; or else the disease runs on from bad to worse, and symptoms of ulceration or of gangrene may begin to manifest themselves.

In the more *severe* cases of acute dysentery you are apt to have a rigor at the commencement, with diarrhœa, and the passage of much flatus; there is loss of appetite, nausea, and sometimes vomiting; then the alvine discharges become completely morbid, consisting of mucus, or blood, or both; or substances resembling jelly, suet, albumen, bran, and such like are passed; now and then *scybala*, that is, small round masses of hardened feces appear, and occasionally a healthy feculent motion is evacuated. There is pain before each motion, and a burning sensation in the rectum after it, with tenesmus. The pulse and skin do not at first show much excitement, but now the skin is hot and dry, the pulse frequent, small and wiry, the tongue white, and then loaded with a whity-brown crust. Then prostration of strength sets in, the countenance is anxious and haggard, the eyes sunken, the tongue dry, brown, or red and glazed: aphthæ may appear on the fauces, or on the side of the tongue. The patient's thirst is excessive, yet when he drinks the fluids seem to run through the bowels, causing a griping twisting pain about the navel, which we call *tormina;* the urine is small in quantity, almost suppressed; it is of a high colour, and passed very frequently, as if the bladder was irritated by its proximity to the inflamed rectum. Then the pulse grows more feeble, the extremities lose their warmth, the abdomen often swells. Pressure in the course of the colon gives uneasiness: it is most felt in the iliac fossæ, in the situation of the cæcum or of the sigmoid flexure, but it may extend all along the descending, the transverse, and the ascending portions; and the danger is, in some degree, to be measured by the extent of tenderness. The evacuations may now acquire an intolerably offensive odour—a raw, sour, cadaverous smell. Sometimes they pass involuntarily; and if the anus be looked at, it seems as if the sphincter was paralysed; a portion of the lining of the rectum protrudes from it, and from this is seen trickling a fœtid sanious fluid, like the washings of meat long killed. The patient's prostration is extreme; he desponds hopelessly; hiccup often supervenes, and death follows in fifteen or twenty days from the commencement of the attack.

Such severe cases are rarely to be seen unless when the disease is raging epidemically, and then it is often complicated with fever. The history of *epidemic* dysentery, as it occurred in London in 1669, and the three following years, has been faithfully given by Sydenham, one of the greatest physicians that England ever produced. His account of it is well worth your perusal. We have had, in our own times, and in our own town, a formidable epidemic dysentery, and we had the singular good fortune to possess another Sydenham to observe its phenomena, and record them for our instruction. The late Dr. Cheyne, with talents scarcely inferior to those of Sydenham, with more correct views of pathology, and with all the advantages of modern science, found himself, in 1818, in the midst of the dysentery which was then decimating Dublin. He set himself, with unwearied zeal, to study its nature and treatment, and he has left the results of his labour in *this*, the third volume of the *Dublin Hospital Reports*. I cannot deny myself the pleasure of reading one or two passages out of his paper for you, and recommending you to study the entire of it (it is too short) with the utmost care. "Generally speaking," he says, "endemic or epidemic dysentery is witnessed only by the army or navy medical officers at times of general agitation and anxiety, among troops exposed in camp, cantonment, or on shipboard, to the exhalations of an unwholesome soil, or in garrisons besieged, or armies harassed by fatigue, depressed in spirits, or stinted in food, retreating before a victorious enemy. I believe it has rarely fallen to the lot of a physician in civil life, possessing all the advantages of books, and of consultation with skilful and experienced colleagues, to witness dysentery upon such a scale as I did in the autumn and winter of 1818." Respecting its connection with fever, he says—"It was observable that dysentery frequently occurred at that period of recovery from fever when there seemed the greatest liability among the convalescent to relapse. Dysentery, whether its connection with fever could be traced or not, often commenced with a rigor, and terminated in free perspiration; it was sometimes converted into a fever, while, on the other hand, fever was frequently converted into dysentery; and lastly, during convalescence from dysentery, several persons sustained an attack of fever: in short, these forms of disease were convertible, the one into the other; so that the opinion of Sydenham, that dysentery is a *febris introversa*—that it is fever turned in upon the intestines, received support from our observations; and it is not unreasonable to suppose, that as these patients in my wards, in common with most of the poor of the city, had been exposed to the contagion of fever, this contagion, according to the condition of the system at the time of its application, or some other modifying circumstance, may have produced at one time fever, at another dysentery." The symptoms in this epidemic were a foul taste in the mouth, flatulence, rigor, in a few nausea—in some, early tenderness of the abdomen, or lancinating pain in the umbilical region. Then gripings followed, unsatisfactory stools and tenesmus. The skin was pungently hot, the motions loose, but otherwise natural at first; then, after twenty-four hours becoming mucous and bloody. There were no scyballa, but every other variety of excrementitious matter belonging to dysentery was repeatedly witnessed; feculent matter of a drab colour; of the colour and consistence of flummery; feces mixed with blood, with mucus; blood alone; mucus tinged with blood, mixed with blood, and purulent matter; pus; a bright green discharge, like conferva; deep green; loose but otherwise healthy discharges, alternating with the morbid ones; shreds, as of sloughing membrane, or lymph and so on. The skin was unyielding, the liver disordered in function. In some cases the disease was so mild as to be little more than a diarrhœa, without pain or fever; in others it was attended with all the symptoms of an acute enteric inflammation. When the disease continued without relief for twelve or fourteen days, a degree of emaciation usually became observable, much more rapid in some than in others, and which was always an alarming symptom; when, added to emaciation, a patient in the second or third week of dysentery acquired a haggard look, when he had a quick pulse, and an abdomen impatient of pressure, there was little hope of his recovery. A harsh, dry, opaque, dirty-looking skin; a florid, clean, varnished tongue; vigilance; a hollow eye, and pallid, wasted, faded cheek; a desire to go to stool immediately after drinking; pains in the knees, and cramps in the legs; fits of dyspnœa, a tendency to œdema and ascites, belonged to a more advanced stage, but not to the last, which was characterised by extreme emaciation, supine posture, involuntary stools, a thin reddish secretion, flowing without check, sordes on the teeth, hiccup, tendency to delirium, difficulty of swallowing, and a pulse like a thread.

Dysentery was so common formerly in Ireland, that

Sydenham called it the "endemic dysentery of Ireland." Cork, Limerick, and other towns, built in damp situations, used to suffer severely every autumn. The poorer inhabitants of Cork, using the water of the river Lee, about 50 years ago, before fountains were established, were dreadfully scourged with this disease. Dr. M. Barry never witnessed so fatal a disease as the dysentery of Cork—one out of every three at that time affected with it perished. The ranks of James's army at Londonderry, and of William's at Limerick, were thinned by dysentery; and until very lately the English and Scotch regiments, on coming first to this country, were cut off in great numbers by it. I don't know that it can now be said to be *endemic* in any part of Ireland; but this country is certainly more subject to its heavy visitations than England is. The causes of it are considerably diminished in latter years.

In hot climates it is endemic in many marshy situations, where the miasmata give rise to it, in combination with intermittent fevers. It there assumes an exceedingly severe character, rapid, acute, and dangerous. Allow me to read a sketch of its symptoms from Sir George Ballingall's work on "Fever, Dysentery, and Liver Complaints." "It commences in general with much of the appearance of a common diarrhœa; frequent and unseasonable calls to stool, with an irresistable inclination to strain over it. The evacuations are generally copious, of a fluid consistence, without any peculiar fœtor; sometimes streaked with blood, and at other times a small quantity of blood is voided in a separate form, unmixed with the fœcal matter. The pulse, in this stage of the disease, is seldom altered; the heat of the skin is not perceptibly increased, and the tongue is frequently but little changed in its appearance. There is always a great prostration of strength and depression of spirits; the former symptom being always strongly dwelt upon by the patient; the appetite is indifferent, and the thirst urgent. To these symptoms succeed a fixed pain in the hypogastrium more or less acute; the pain extending to, and peculiarly urgent in, one or both iliac regions, and sometimes to be traced along the whole course of the colon, with a sense of fulness, tension, and tenderness upon pressure; and on applying the hand to the surface of the abdomen, a preternatural degree of heat is frequently perceptible in the integuments. The evacuations now become more frequent and less copious; they consist chiefly of blood and mucus, or are composed of a peculiar bloody serum, which has been very aptly compared to water in which beef had been washed or macerated. A suppression of urine and distressing tenesmus now become urgent symptoms; the indifference to solid food increases, while there is an uncontrollable desire for liquids, particularly cold water, which the patient prefers to any drink that may be offered to him, and from which he expresses his inability to refrain, though prepossessed with the idea of its being injurious. The tongue is now generally white and furred; sometimes, however, exhibiting a florid, smooth, and glossy appearance, with a tremulous motion when thrust out; the skin is either parching hot, so as to render it even painful to retain the hand in contact with it, or covered with profuse perspiration, insomuch that it may often be observed standing in large drops on the surface; the pulse is still frequently but little affected; sometimes, however, it assumes a febrile quickness, without any other remarkable feature; at other times it will be found without any increase of velocity, but full and bounding, with a peculiar thrilling sensation under the fingers. This state of the pulse, whenever it takes place, always denotes extreme danger, and shows that the disease is rapidly hurrying on to the final stage, in which the lassitude and dejection, so conspicuous throughout its course, are now converted into the utmost degree of anxiety, depression, and fear of death. The patient generally shows an inclination to dwell upon symptoms which, to a spectator, would appear of minor importance. He evinces the greatest reluctance to part with his medical attendant, though justly sensible how unavailing the efforts of medicine are likely to prove. The discharges by stool, which are frequently involuntary, are now accompanied with the most intolerable fœtor; they are frequently mixed with shreds of membrane, and quantities of purulent matter; a protrusion of the gut, forming a complete procedentia ani, takes place; and cases are not wanting where a portion of the inner coat of the intestines, amounting to some inches, has been thrown off in a state of mortification."

This long quotation you will excuse, as I have never seen tropical dysentery myself. You will perceive it does not differ in any very essential point from our own "native produce," although, as I stated before, each endemic and every epidemic attack will differ in many particulars from each other, so as to prevent you from indolently trusting to any description or following any routine treatment; you must always see with your own eyes, and carry your own brains about with you.

Chronic dysentery is almost as formidable as the acute; it is indeed much milder. The more violent symptoms are absent, but it is of so much longer duration, and often of so very uncontrollable a nature, as to render it just as fatal. You meet with it following the acute attack, or commencing with chronic characters. In the former case the patient seems to be improving, the severe tormina, tenesmus, and febrile symptoms diminish, his appetite increases, and he appears at intervals during the day quite well. In the latter case a diarrhœa may be the first symptom, and be for some time disregarded. Then slight gripings are felt; the motions are frequent, but not so much so as in the acute; the evacuations are partly feculent, but mixed with blood, or mucus, or pus, and of various colours and consistence. The pulse is quiet in the morning, but becomes quickened toward night, generally feeble, often unequal or intermitting. The tongue is dry and red, or presents a glossy surface. The countenance is sunk and anxious. The skin cold, rough, dry, scaly, and dirty looking. Emaciation goes on; he passes but little urine, high colored; his motions may be only five or six in the day; his feet become œdematous; his abdomen swollen and tympanitic, tender on pressure in the iliac regions; he may be jaundiced; ascites may supervene; he is so prostrated and languid that cleanliness is hard to be maintained; his smell becomes very offensive; bed sores form; or the other viscera become diseased; and after perhaps months of suffering he sinks exhausted.

Complications of dysentery may occur with the acute or the chronic cases. The *liver*, *spleen*, and *pancreas* are occasionally engaged—more especially in warmer climates, or in persons who have too freely indulged in the use of intoxicating liquors. The spleen is often greatly enlarged in malarious districts where dysentery prevails. And in children enlargement of the mesenteric glands is not an uncommon complication. A fulness in the right hypochondrium, with tenderness on pressure, a yellow tinge of skin, and very pale or very dark evacuations will lead to a suspicion of liver disease. Similar fulness in the left hypochondrium, with intermittent symptoms, and a tendency to ascites, will direct you to the spleen. In both cases too you are apt to have cough and other symptoms, which I will speak of when we come to the diseases of the solid viscera of the abdomen. Complications with *scurvy* used to be common on

shipboard in long voyages, but they are now happily rare. Sponginess of the gums, ecchymoses, and hæmorrhages, intractable ulcers, undulating pulse, and the like, attended the scorbutic dysentery. With *rheumatism* it may be, and often is, complicated. Cold and damp may give rise to either or both; but I need not dwell on this at present. Ascites and anasarca often attend dysentery, and Dr. Cheyne remarked in several of his patients, both males and females, a swelling resembling the phlegmasia dolens in all respects, except in its connection with parturition.

I have said perhaps enough on the symptoms of dysentery: let us now look at the *morbid anatomy*. Here in these jars you see the frightful havoc it has made of the mucous membrane of the colon. I showed them to you before, and I must now rather request of you to examine them for yourselves after lecture. You will see ulcers of every shape and size and depth, and to such an extent in some cases that you can hardly recognise the mucus membrane at all—nothing remaining of it but shreds. The wonder is how life could have been supported until the disease had advanced so far. Here again is an extraordinary effort at a cure, as you see a large portion of the colon lined with cicatrices. The specimens preserved here are such as show the greatest amount of injury, and they were selected both for that very circumstance, and because minor lesions are not easily preserved. You might despair of curing a disease that was characterized by such disorganization, but you are not to imagine that dysentery implies ulceration—no, it is essentially an inflammation of various degrees, and having various terminations, *one* of which is ulceration.

The *morbid appearances* are then, I would say, at an early stage inflammation, false membrane, now and then gangrene, and commencing ulceration. At a later period ulcers, perforations, adhesions, and contractions of the intestines, with diseases of liver, spleen, pancreas, omentum, &c. Dr. O'Brien, who has given an excellent account of dysentery, in the "Transactions of the Dublin College of Physicians," found the liver diseased in one-half of the dissections; the spleen in one-fourth; the small intestines in two-thirds; and the colon and rectum in all.

Inflammation may present all the varied forms of vascularity, which I described to you on a former occasion. The membrane is softened, and in most cases thickened, sometimes presenting a sort of fungous elevation in patches with the intervening portions healthy, or the vascularity very extensive. In some cases the stomach and small intestines have presented signs of inflammation merely, but the commencement of the colon has superficial ulcers, which go on increasing in size, depth, and number, as we approach the rectum; but it often happens that the last four inches of the rectum is much less diseased than any other part of the large intestine.

False membranes are often found on the mucous coat of the large intestine, seldom on that of the small. They appear in patches, or form an extensive lining to the tube, the surface of the membrane being generally granular. The presence of this state may often be known by the little flakes or specks of lymph which are evacuated.

Gangrene may destroy portions of the membrane, in which case they will be found dark, fœtid, and easily torn. It may occur early, and will be marked during life by symptoms of peculiar prostration, sinking and irregularity of pulse, and intolerable fœtor of the discharges.

Ulcers may be of all sizes, and of all depths in some, like simple abrasions of the epithelium; in others, sinking a little into the mucous coat; in others, cleanly dissecting the muscular fibres, and in others, perforating all. You see them from the size of half a pea to that of half a crown, and in some cases they cover nearly all the surface of the large intestine. There is an appearance of the follicles often mistaken for ulceration where they are enlarged, elevated, and their orifice widened and discharging a mucous or purulent matter. Ulceration is marked by the severity of the pain, and by the bloody and purulent discharges. It may occur on the 5th or 6th day of the disease, but usually later. The discharge of blood is no *proof* of ulceration, as it has been passed in considerable quantity from an unbroken surface; nor indeed is the purulent matter either; but taken in connection with other symptoms they will enable you to decide the question.

Contractions of the canal, with thickening of the coats, and in some instances actual *stricture*, are the result of the dysenteric inflammation. The stricture depends on hypertrophy of the submucous coat; but the muscular may also contribute to its formation, and in some cases the cicatrices of healing ulcers will aid and abet. These strictures are only to be met with *after* dysentery; or, if they occur *with* dysentery, they are complications, in the production of which the dysentery had nothing to do. Borborygmi, constipation, vomiting, and emaciation, mark their existence, as we shall see by and by.

Adhesions of the intestine to surrounding parts are extremely rare. We usually find the peritoneal coat presenting a healthy appearance, even when the mucous coat has been extensively ulcerated or gangrened. But on some occasions the progress of an ulcer has excited just enough of peritoneal inflammation to cause an adhesion to a neighbouring part.

Perforations are not very uncommon. The ulcer reaches the peritoneal coat, which then ulcerates too, or tears, and the alimentary fluids get out into the peritoneum, exciting violent peritonitis, by which the patient is soon hurried off.

The *omentum* has been found thickened, rolled up, and vascular.

The *liver* is, in most cases, congested, and often is otherwise diseased—either hypertrophied, tuberculated, or containing collections of pus. The purulent collections may be either abscesses, which have followed an inflammation that ran along the veins, or that was excited in it by sympathy; or else they may be what are well known as "purulent deposits," probably not at all the result of hepatic inflammation. The gall bladder often contains accumulations of viscid thick bile.

The *spleen* is sometimes enlarged and softened. The *pancreas* and mesenteric glands enlarged and hardened. The *bladder* has now and then presented signs of inflammation at its neck. The *thorax* has seriously suffered in some, effusion having been demonstrated in the cavity of the pleura, after death, with accumulation of blood in the substance of the lungs. In this last case, Dr. Cheyne supposed there was a translation of disease to the lungs, and the symptoms of it were: suddenly-oppressed breathing, a short, teazing cough, scanty mucous expectoration, restlessness, livid or flushed countenance, prostration, cold extremities, and a speedy death.

Now, after all I have said of the symptoms of dysentery, do you think the *diagnosis* would be difficult? Why, there are a few diseases with which it might, perhaps, be confounded, from the circumstance that they have several symptoms in common. For instance, *diarrhœa* may usher in dysentery, and you may be at a loss to know the limits between them—in fact, they may co-exist. But well-marked cases of each are sufficiently distinct. Diarrhœa is not accompanied with much tormina, nor tenesmus—the alvine dis-

charges are more copious, and are chiefly feculent and watery, not presenting the mucus, blood, and other morbid substances; the prostration is not great, and the history is different; for dysentery is rare unless in autumn, and it is often epidemic; diarrhœa is to be met with in all seasons, and it is always sporadic.

In *colic* you will have tormina as in dysentery; but there is little or no alvine evacuation, while there is often violent vomiting.

In *cholera morbus* you have purging, as in dysentery; but it is free, copious, and thin. There is vomiting, too, which is not a part of dysentery. There is no tenesmus, no bloody or mucous stools, no tormina, and then there are cramps in the lower extremities.

Fever may be attended with some dysenteric symptoms; and dysentery may have so much of fever as to make you hesitate by which name to call the disease presented to you. But the symptoms of one or other will soon so clearly predominate as to remove your doubts.

I don't know any other disease which has much in common with dysentery; gastritis, duodenitis, ileitis, &c., have very little.

PARISIAN HOSPITALS.

HOTEL DIEU—M. ROSTAN.

LECTURES ON DISEASES OF THE BRAIN—SEMEIOLOGY—PARALYSIS—LECTURE III.

Paralysis is unquestionably the most important phenomenon, as bearing on the diagnosis of cerebral affections; for motion is the function most easily appreciated—most obvious to the senses.

I have already answered affirmatively, the question, "Is the brain a compound organ?" and assume it as demonstrated that, as it exercises several functions, it must consist of as many corresponding parts presiding over each function. Thus, there must be a part presiding over intelligence, another for motion, others for the sensations, others, again, for the voice, and for speech; and if we agree in the opinion of certain physiologists, we should, perhaps, admit another organ presiding over sleep. This point has been also illustrated by pathology, which has taught us that often these functions may be interfered with, the one independently of the other, and often, also, simultaneously. As to their action, it is undoubted that they may act, sometimes, several together; sometimes, on the contrary, separately.

I here, however, foresee a question which flows naturally from all these assertions, and is, indeed, intimately connected with them, and of whose solution I cannot deny our ignorance: this question is—*What is the special situation in the brain of each of these functions?* I shall endeavour to reply, so far as is possible in the actual state of science.

And first, we may say that the organs presiding over sensation and motion, must have almost identically the same situation—at all events, must be closely contiguous, for it it is extremely rare not to see these two functions simultaneously exerted. Latterly, it has been admitted that there are nerves destined to sensation, and others to motion; the posterior roots of the spinal nerves serving to transmit the former—the anterior roots the latter of these functions: and, from analogy, two parts have been admitted in the brain, similarly presiding over these respective functions.

In my opinion, there is no other difference between these two orders of nerves, than such as I conceive, when I regard the one as *afferent*, the other as *efferent* nerves, a difference exactly similar to that existing between the arteries and veins. Be this as it may, the recognition of these two orders of nerves does not render it absolutely necessary to admit two nervous centres with which they communicate; just as there are not two, but only one centre of the vascular system.

MM. Foville and Delaye, thinking that intelligence and motion could not be exercised in the same point of the brain, sought the solution of the problem in pathological anatomy. They endeavoured to demonstrate, that where the intelligence was interfered with, there was constantly some lesion in the cortical portion of the brain; while, on the contrary, the medullary matter was implicated where the motion was impaired. My own observations have often shewn the value of these statements; for in cases of alteration at the periphery of the brain, I have pretty constantly found the intelligence disturbed. At present, then, it is my opinion that the external portion of the brain is devoted to intelligence, and the centre, or white part, to motion; and thus you have often heard me say, at the bed-side, "this is a case of superficial lesion of the brain, tending to extend deeply."

Paralysis.—By paralysis we understand a diminution or complete abolition of motion, and sometimes of sensation also, but most frequently of motion alone. It may, however, also happen that sensation alone is destroyed, without any loss of motion, but such an event is extremely rare.

Before going further, I must show you how immensely the propositions respecting organization which I have insisted on have advanced science; and paralysis affords the finest and most striking example of this. Bichat saw in paralysis nothing but a lesion of the vital properties; and consequently employed every possible stimulant, internal and external, in order to restore the vital properties to their natural condition. Pinel also considered paralysis as an essential malady, admitting, however, by way of exception, that in some cases local lesions existed in the brain and spinal marrow: shewing that, despite his theoretical views, and the treatment which he adopted, in paralysis, the truth forced itself on him.

At present, it is admitted that a local lesion accompanies paralysis, and that that lesion is almost constantly situated in the brain: some, indeed, admit the existence of paralysis, without any material or local alteration; but this is an error; for if, on examining a case of hemiplegia, we discover no lesion within the cranium, we are not thence entitled to conclude that no lesion existed: we can merely say that it could not be discovered. Thus, in lead paralysis, no local alteration is cognisable by our senses; but are we thence justified in concluding that no such alteration exists? The same observation applies to other kinds of paralysis, as that produced by lightning, &c., and also to mercurial and senile tremors.

Paralysis should be studied in respect of its situation, intensity, extent, progress, and duration. Thus:

1. It may be general, or affect the entire system.

2. It may appear as hemiplegia affecting the right or left half of the body.

3. Or it may assume the form called paraplegia, affecting both lower extremities, and frequently also the parts beneath the diaphragm, including the bladder and rectum.

4. The paralysis may be decussating, that is to say, affect the right arm and left leg, and *vice versa*.

5. It may be limited to some particular organ, as the larynx, tongue, pharynx, bladder, rectum, &c., &c.

6. An organ of sense may be the part affected, as we frequently see the sight, hearing, taste, smell, or touch implicated.

The next question is, what are the diseases in which

paralysis occurs? Why, in all cerebral affections generally. In congestion, hæmorrhage, softening or inflammation of the brain; in meningitis, hydrocephalus, cerebral anemia, tumors, and all chronic diseases of the brain. We may even add certain neuroses, as epilepsy, hysteria, &c.

As regards the diagnostic value of the different varieties of paralysis which have been mentioned, we have to inquire to what lesions they respectively correspond, and on this head pathological anatomy has given the following results:—

Whenever paralysis is general the entire of the brain is affected; and the affection may be either considerable congestion, extensive serous effusion, or general inflammation. In some cases indeed but a single hemisphere is affected, whence has resulted compression of the opposite or essentially healthy hemisphere; in such cases, however, the paralysis must have primarily affected one side only.

Hæmorrhage, or other central alteration of the brain, may also cause general paralysis; but it is extremely difficult to distinguish all these cases, except where the paralysis has been in the first instance partial. These observations do not apply to the paralysis of syncope, or that accompanying narcotism, intoxication, asphyxia, or certain neuroses, cases which are easily distinguished.

Hemiplegia is the first variety of local paralysis which I shall examine. Since the time of Galen it has been known that when one side is paralysed the cerebral lesion is situated in the opposite hemisphere; and this doctrine has been received as a general rule. At Salpetriere I observed several cases which contradicted this rule; but so persuaded was I at the time of its rigorous truth, that I imagined there was some error of observation on my part. Such cases, however, have been since observed sufficiently often, and with sufficient accuracy, to shew that paralysis may affect the same side as that on which the cerebral hæmorrhage occurs.

Gall endeavoured to explain these exceptional cases which seemed to contradict his doctrine; and laid it down that when the paralysis and hæmorrhage existed at the same side, the hæmorrhage occupied the posterior part of the brain; and he added that the decussation of the nervous fibres, which exists at the anterior part of the brain, is absent posteriorly. This explanation, however, was not generally received; and I may here remind you that in a case which occurred a short time since in our wards, where the hæmorrhage and paralysis occupied the same side, the effusion of blood was situated in the anterior part of the brain. It must, however, be recollected that, as a general rule, the cerebral hæmorrhage and paralysis occupy opposite sides.

Generally the leg and arm of the same side are simultaneously paralysed, but frequently the arm alone is affected; the lower extremity may also be independently affected; and thence we must admit that the upper and lower extremities have each a distinct cerebral organ presiding over their respective motions.

MM. Foville and Pinel-Grandchamp, endeavoured to determine the precise locality of the parts of the brain which respectively governed the motions of the upper and lower extremity, and they adopted the conclusion, that the optic thalamus governed the motions of the arm, the corpus striatum those of the pelvic extremity, because hæmorrhage in the optic thalamus was found to co-exist with paralysis of the arm, while hæmorrhage in the corpus striatum accompanied paralysis of the lower extremity. My own observations have, in the majority of cases, confirmed this doctrine, but I have met with a considerable number of cases in which it did not hold good; this doctrine, in fact, does not yet rest on a sufficiently firm basis to enable us to consider it as demonstrated.

A distinguished physician has said that when paralysis commences in one of the lower extremities, the cause must be situated in the spinal marrow. But if this were so the lesion could affect but one-half of the spinal marrow, a thing which it would be difficult to admit; and if but one-half of the spinal marrow were affected, the opposite half would soon be compressed by the diseased portion, as the organ is lodged in a bony canal whose parietes are incapable of distension. If then paralysis of a single lower extremity exists for any length of time, the lesion causing the affection must be sought in the brain. A woman in Salpetriere complained of a sensation of numbness in one of the lower extremities, and I diagnosed the existence of a lesion of the opposite cerebral hemisphere; the progress of the disease was slow, but its seat continued unaltered, and it remained local, until, at length, the corresponding upper extremity became affected; the patient at length died, and, on examination, we discovered a cancer of the brain occupying the anterior lobe of the hemisphere opposite to the affected limbs.

When paraplegia exists the determination of a supposed corresponding cerebral lesion becomes much more difficult and uncertain, for we must, of necessity, admit the existence of a double lesion occupying the same point in each of the two hemispheres; but it is extremely rare to meet with such a symmetrical disposition of the affected parts.

When the paralysis is decussating, there are, of necessity, two lesions of the brain.

I must limit myself to these general reflections on paralysis, for the obscurity increases as we endeavour to penetrate the pathological mysteries which cause paralysis of certain organs, as of the larynx, œsophagus, bladder, rectum, tongue, &c.

As to paralysis of the tongue, I must notice the views of MM. Bouillaud and Foville, the former of whom places the organ governing it in the anterior lobe of the cerebrum; while the latter localises it in the posterior part of the brain; these apparently opposed doctrines become reconciled when we recollect that M. Bouillaud speaks of the organ which governs the faculty of speech; while M. Foville only takes into consideration the motor organ of the tongue.

As to the intensity and seat of paralysis, both one and the other afford a measure of the extent and seat of the lesion; but they do not inform us of its nature. The nature of the lesion is usually better illustrated by the progress of the disease. Thus while the course of the disease is progressive, in softening of the brain, it is often retrocedent, in hæmorrhage and congestion; the progress of the disease is slow in cancer of the brain, and other tumors within the cranium, while it is rapid in acute diseases.—*Gazette des Hopitaux.*

ACADEMY OF SCIENCES OF PARIS.

June 14, 1841.

REPORT ON THE EMPLOYMENT OF MARSH'S APPARATUS IN MEDICO-LEGAL INVESTIGATIONS. BY MM. THENARD, DUMAS, BOUSSINGAULT, AND REGNAULT, (REPORTER.)

The communications examined in this report, consist of:—

1. Notice of a new mode of employing Marsh's apparatus in medico-legal researches. By M Laissaigne. (12th October, 1840.)

2. A letter by M. Signoret, on the errors that may be committed in the employment of Marsh's apparatus. (2d. November, 1840.)

3. A letter from M. Coulier. (2d. Nov. 1840.)

4. A letter from MM. Kappelin, and Kaupmann of Colmar, on a new arrangement of Marsh's apparatus, and,

5. Two communications from MM. Danger and Flandin, entitled, "Medico-Legal Researches on Arsenic."

The following are the conclusions of the report:—

1. "Marsh's process easily renders sensible the presence of 1-1,000,000th of a grain of arsenious acid in a fluid, and the stains commence to form, if we operate on a liquid containing about 2-2,000,000ths of a grain."

2. "The stains are not more readily procured when a large quantity of fluid is introduced into the apparatus, provided, of course, that in each case the same *proportion* of arsenious acid is present, the stains, however, are obtained during a longer period, the larger the quantity of the fluid employed. It thence follows, that it is advantageous to concentrate the arseniferous liquid, and operate on it under a small bulk, as we thus obtain much more intense stains."

3. "It is of the utmost importance when using Marsh's apparatus, to make the gas traverse a tube three decimetres in length, filled with amianthus, or in want of it, with cotton, as we then assert the drops of the solution, which are always carried over by the current of gas, which, were this precaution neglected, might produce crusts of oxy-sulphate of zinc, which often presents the appearance of arsenical stains."

4. "Good results may be obtained by M. Laissaignes method, which consists in passing the arsenuretted hydrogen gas through a perfectly neutral solution of silver, then decomposing the liquid with muriatic acid, evaporation to expel the acids, and then testing the residue for arsenic. This method is especially convenient, where a very minute quantity of arsenic exists in a large quantity of fluid, which we cannot concentrate by evaporation, as by passing the gas from such liquid, into a small quantity of the silver solution, we thus get a new arsenical liquid of a much smaller bulk, which, if introduced into a very small Marsh's apparatus, will yield much more brilliant crusts. In employing this method, we must carefully guard against concluding that arsenic is present merely because, the solution of nitrate of silver becomes turbid and yields a deposit, when the gas is passed through it, as such deposit may be caused by non-arseniferous gases mixed with the hydrogen, or even by the hydrogen itself, if we operate under the influence of light. The solution of nitrate of silver may be replaced by a solution of chlorine, or of an alcaline chloride."

5. "The arrangement indicated by MM. Berzelius and Liebig, and somewhat modified by MM. Kappelin, and Kaupmann, renders sensible, quantities of arsenic which will not become manifest as stains, or at least but doubtfully so. This arrangement has also the advantage of more completely condensing the arsenic, which is often, however, mixed with sulphuret of arsenic which changes its colour, especially if the quantity of the arsenical preparation be small. It is to this method of isolating arsenic that your commission gives the preference, and for its performance, the apparatus should be disposed in the following way."

"A straight necked wide mouthed bottle, is closed by a cork pierced with two holes, through one of which a straight tube, one centimetre in diameter passes to the bottom of the bottle; while in the other is placed a tube of smaller diameter, bent at a right angle. This latter tube is adapted to another larger one, about three decimetres in length, and filled with amianthus. A tube of glass refractory to heat, of an internal diameter of two or three centimetres, several centimetres in length, drawn out to a point, and coated with foil to the extent of a centimetre, is adapted to the other extremity of the tube containing the amianthus. The bottle should be of such a size, that when all the liquid to be tested is introduced into it, one-fifth of its total capacity should remain empty. The volume of the liquid should not be too great, if it contains but traces of arsenic. The tube through which the gas finds exit, should be bevilled at the extremity that pierces the cork, and have a small ball on some part of its vertical branch. This arrangement is not indispensible, but is convenient as almost all the liquid carried over by the gas, is thus condensed, and falls back into the bottle."

"The apparatus being thus arranged, some fragments of zinc are introduced into the bottle, and also a sufficiency of water to cover the orifice of the safety tube, and finally, some sulphuric acid. The disengaged hydrogen gas expels the atmospheric air from the bottle. The portion of the tube of evolution coated with foil, is now heated by means of ignited charcoal, a little screen preventing too great an extent of the tube being heated. When the tube is heated to redness, the suspected liquid is introduced into the bottle through a funnel, the tube of which is drawn out, and in such a manner, that the liquid shall trickle along the side of the tube, so as to prevent it carrying a stream of air into the flask. If the evolution of the gas diminishes on the introduction of the suspected liquid, a little sulphuric acid must be added, and care should be taken to conduct the operation slowly, and as uniformly as possible. If the gas contains arsenic, it will be deposited in a ring on the tube beyond the heated portion. The gas that escapes, may be also ignited and tested to ascertain if it affords crust, which it will occasionally do, if the diameter of the tube be too great, or if a sufficient length of it has not been heated. We may also curve the extremity of the tube, and plunge it into a solution of nitrate of silver, and thus condense the last traces of the arsenic.

"The arsenic being deposited in a ring on the tube, all its characteristic physical and chemical properties can be readily ascertained. Thus, we can easily examine.

1. "Its volatibility.

2. "Its conversion into a white powder, the arsenious acid, when heated in a tube traversed by a current of air.

3. "Its conversion into arsenic acid very solubile in water, when treated with nitric acid, the fluid when evaporated to dryness with suitable precaution, yielding a brick coloured precipitate when tested with perfectly neutral nitrate of silver.

4. "When all these tests have been essayed the arsenic may be again reduced to the metallic state, by reduction with black flux.

6. "It is easy to obtain commercial sulphuric acid and zinc, which do not yield arsenic in Marsh's apparatus, even when employed in very considerable quantities. It is, however, essential in every case for the analyst to previously test with the utmost care, every substance which he employs in his operations. Your commission are even of opinion, that it is not sufficient to make some preliminary essays, but, that it is essential simultaneously with or immediately after the experiment, to perform another exactly similar in all its details, with the *same reagents* and the *same quantities* of those reagents, as were employed in the experiments.

"Thus, if the examined substances have been carbonised with nitric acid, an exactly equal quantity of this acid should be evaporated in a porcelain capsule, the residue taken up with an equal quantity of

water; in a word, the comparative experiment on the tests alone should be repeated with a rigid and exact similarity to the experiment which it is intended to contrast.

"7. The methods of carbonising animal matter with nitrate of potash or nitric acid may completely succeed; but it sometimes, however, occurs that we cannot prevent a very vivid deflagration towards the end of the process, which may occasion a considerable loss of arsenic. Your commission considers carbonisation with concentrated sulphuric acid, and treating the resulting carbon with nitric acid or aqua regia, as preferable in very many cases. This method, proposed by MM. Danger and Flandin, requires the use of a much smaller quantity of the reagents, is always easily conducted, and, if properly performed, incurs the loss of a very trifling quantity of arsenic—a loss which may be completely avoided by effecting the carbonisation in a glass retort furnished with a receiver.

The details of this process are as follows:—The organic matter being placed in a porcelain capsule, about the sixth of its weight of concentrated sulphuric acid is added, and heat gradually applied until vapours of sulphuric acid appear. The organic matter is then dissolved, and subsequently carbonised as the liquid becomes concentrated; during the evaporation the mixture must be constantly stirred with a glass rod. The carbonisation is effected without swelling or frothing, and the heat should be continued until the carbon is friable and almost dry. The capsule is now allowed to cool, and a small quantity of nitric acid, or aqua regia, containing an excess of nitric acid is added by means of a dropping tube for the purpose of converting the arsenic into the more soluble arsenious acid; the mass is again evaporated to dryness, and when dry treated with boiling water, and thus we get a perfectly limpid fluid which yields no froth in Marsh's apparatus. This process is much superior to the carbonisation by nitric acid, the operation is more manageable, and there is never deflagration. The commission frequently operating in this way on two or three hundred grammes of muscle, to which they added only a *milligramme* of arsenious acid, obtained stains of arsenic which allowed all the chemical characters of the metal to be satisfactorily demonstrated. Porcelain glazed with lead should never be used to collect the crusts.

"8. It is of the utmost importance that the organic matter should be completely carbonised, otherwise we obtain a liquid which will not merely froth in Marsh's apparatus, but which may yield stains somewhat similar in appearance to arsenical stains. These stains, observed by M. Orfila and by him called *taches de crasse*, often occur abundantly when the organic matter has been but imperfectly destroyed. They result from the carburetted gases which are partially decomposed by the flame, and are readily distinguished by chemical tests from arsenical stains. Arsenical stains dissolve *instantly* in cold nitric acid, and on evaporating to expel the excess of nitric acid, and adding neuter nitrate of silver, we have a brick-red colour struck; the non-arsenical stains, on the contrary, dissolve with *more difficulty* in nitric acid, and there always remains some amount of brown matter which does not disappear until we heat the acid; when the liquid too is evaporated to dryness, and nitrate of silver added, we obtain a yellow precipitate of nitrate of silver. Thus nothing is more easy than to distinguish those stains from *pure arsenical stains*; if the arsenical stains *are mixed with foreign matter, as occurs when the organic matter containing the poison has been imperfectly carbonised, then those characters become less decided, and may give rise to the most serious errors.*

"9. As to the arsenic which has been supposed to exist naturally in the human body, all our experiments *have given negative results*, whether performed on the soft parts or the bones.

"10. Your commission are of opinion that Marsh's method, when applied with all the suitable precautions, satisfies the conditions necessary in medico-legal researches, in which the quantities of arsenic sought for almost uniformly exist in much larger quantities than the apparatus could detect. But it should be distinctly understood that Marsh's apparatus should always be employed *as a means of concentrating the metal* for the purpose of studying its physical and chemical characters, and that we should always regard its results *as null, or, at the least, extremely doubtful*, when the deposit formed at the anterior part of the heated tube, does not admit, *because of its insufficient thickness*, the chemical characters of arsenic *to be verified with precision.*"

We must add, that in the vast majority of cases the experimenter need not proceed to seek for the arsenic which has been absorbed into the animal economy, as an attentive examination of the matter rejected by vomiting, and of the contents of the stomach, almost uniformly suffices to determine the presence or absence of arsenic, and the carbonization of the organs need be resorted to only in rare cases, or where the stomach and its contents are altogether wanting.

OBSERVATIONS ON ACUTE HYDROCEPHALUS

By Henry Kennedy, M.B. L.R.C.S.I.,

Honorary Member of the Medico-Chirurgical Society of Dublin.

As the following remarks will be very brief, they must to a certain degree, be unconnected, one with the other. They were written in consequence of having read a recent work by Dr. Davis, of University College, London, entitled "Acute Hydrocephalus, or Water in the Head, an inflammatory disease, and curable equally and by the same means with the diseases of inflammation." This gentleman appears to me to have taken too limited a view of the disease, as commonly met with, and consequently the treatment he so strenuously advocates is very likely indeed to be abused, and of course followed by unfavorable results.

During the last twenty years considerable difference of opinion has existed among the profession as to the true nature of acute hydrocephalus, some believing it to consist in an idiopathic inflammation of the brain and its membranes, while others maintain that the inflammation is of a specific nature, nearly allied to the strumous diathesis. That both these opinions are correct, in part, will, I think, be admitted by any one who has given attention to the subject. The idiopathic form of the disease is, however, much less frequent than the specific: for one case of the former, ten of the latter will be met with. For proof of this I would refer to two valuable papers by Dr. Gerhard, of Philadelphia, published in the 13th and 14th volumes of the *American Journal:* he did not, however, confine his observations to the brain alone, but paid particular attention to the other organs; and it may be seen that in the great majority of his cases tubercles were found in both the chest and abdomen. Hence he comes to the conclusion, and I believe correctly, that the tubercular diathesis is the starting point of acute hydrocephalus, in the greater number of cases. On my own mind there is now no doubt whatever of the truth of this. Within these last two years opportunities were afforded me of either having made, or being present at, the *post-mortem* examination of eleven cases of acute hydrocephalus: in two of these I was only able to obtain an examination of the head: in the other nine, miliary tubercles, without an excep-

tion, were found variously scattered through the spleen, liver, kidneys, mesentery, lungs, and pericardium—not that all those parts were affected in each case, but that tubercles existed in some one of them in every instance.* The effects of the disease on the brain have been so often described, that I need not allude to them more than to say, that in three of the cases very minute tubercles were found on the arachnoid, where this membrane is crossing the fissure of Sylvius; and in one very remarkable instance I found tubercles deposited in the brain's substance, which could literally be picked out with the point of the scalpel. This latter case is not included among the eleven. I shall not take on me to asssert that the appearances found in the brain in the cases alluded to were not the result of acute inflammation. I believe, however, they were not. In some of the cases, certainly, as much lymph was found as one might swear by; but in all, the appearances would, I think, be attributed more to the effects of chronic than acute inflammation. Besides opacity of the arachnoid existing in patches, there was found, very generally, a quantity of gelatinous effusion, sometimes of a yellow colour: this was found in greatest quantity about the circle of Willis. The fluid found in the ventricles too was very constantly quite clear—similar, in fact, to passive effusions in other parts of the body: very rarely, indeed, was it turbid.

Quite independent, however, of considerations derived from pathology, are others which must have been observed by every medical man. How often, for instance, will he not find that the child's health has been deranged, not only for days but for weeks, before the more prominent symptoms declared themselves? Is anything more common than to be told that the child has been observed to have become very pale, and to have lost flesh at a time when its appetite was not impaired? It is not under such circumstances that acute inflammation shows itself. I find that Dr. Hennis Green has, in the *Provincial Medical and Surgical Journal*, pursued already a similar line of argument. The subject, however, may be followed still farther, for supposing that what have been termed acute symptoms have already set in, it may be asked what is its usual progress after this? Does it run a course terminating in three, five, or seven days, such as we might reasonably expect to take place did acute inflammation really exist? No such thing. On the contrary, in the majority of cases the disease occupies from fourteen to twenty days, and this after it has become well marked. It is not indeed denied but that cases will be met with where acute symptoms have supervened on a child getting a fall or a blow on the head, or possibly without any apparent cause, and run on rapidly to a fatal termination—but such are rare: they are the exception and not the rule.

Whether, then, we look to the slow and insidious way in which the disease usually commences its attack, to its duration after marked symptoms have declared themselves, but above all to its pathology, showing it to be a constitutional as well as a local affection—when all these points are taken into consideration, the conclusion is, I think, inevitable, that though the disease be called acute hydrocephalus, it is not in reality similar to the other acute phlegmasiæ, nor is it to be treated on the same active principles.

To this line of argument I know it may be replied, "But here are a number of cases given by Dr. Davis, which were cured by active antiphlogistic treatment, and experience must surely decide the matter." To answer this, I shall just copy, verbatim, one of the cured cases, and I put it to any reader (provided he has not, like Uncle Toby, a hobby-horse) to decide whether, after its perusal, he would pronounce the case to be hydrocephalus, or whether he has not met with numberless examples of the same sort, which he never thought of calling hydrocephalus, nor treated as such, and which, nevertheless, did very well. The case is given at page 306 of Dr. Davis's work:—"Henry Hayes, fifteen months old, was admitted an O. P. of University College Hospital, on the 14th of May, 1839. This little patient was seen a few days ago, on account of severe teething, without, however, being accompanied by any symptoms of a head affection. Scarification of the gums was considered as being alone required, and was at the time effectively performed. The mother, however, now states that yesterday morning she observed that the child's head was unusually hot; that he threw his head back, and kept it rigidly fixed in that position for some time; and that he made this movement repeatedly; and also put his hand to his head, and rolled the latter on the pillow, and ground his teeth. The child's bowels are generally constipated, although the motions are green and slimy. There is no drowsiness; but, on the contrary, extreme restlessness, with much increase of the heat of the head, and especially of the occiput. The pulse is full, hard, and velocious. The patient has cut six incisor teeth: no others are pressing. The head is large: his limbs are tolerably firm. The mother states that she had another child similarly attacked some time ago, who, however, was cured by a bleeding from the jugular vein. Cupping from behind the ears was ordered to four ounces or more, if found necessary, to produce fainting. An emetic, consisting of half a grain of tartarised antimony and ten grains of the powder of ipecacuanha, was directed to be given immediately after recovery from the fainting—to be followed up by a purgative, consisting of three grains of calomel and ten grains of jalap, to be taken in four hours after the last operation of the emetic. Visit of the 15th of May—The improvement is marked in a better expression of the countenance.—The little patient however, still grinds his teeth, but only during sleep. The head is still too hot, although he rested better than the previous night. The bowels have not yet been moved this morning. Second visit at half-past nine in the evening, in consequence of the child having been seized with two consecutive paroxysms of convulsions—The head is now excessively hot, but more intensely at the back part of it than at the forehead. The extremities are also much raised in temperature. The gums were again well scarified, and the outward incisor of the lower jaw of the left side protruded immediately in consequence. Cupping was again ordered to three ounces, or more if necessary. From this time forward the patient convalesced rapidly, and the case soon terminated in perfect recovery."

Such is the accurate detail of a case brought forward as one of acute hydrocephalus. I feel it is quite unnecessary to observe that either the state of the bowels or the teeth will account for every symptom in

* This day (June 11th) another instance has come under my notice, for an opportunity of seeing which I am indebted to Dr. Law. A very large quantity of limpid serum, probably ℥vi, was found in the ventricles of the brain. The arachnoid membrane presented much less morbid lesion than what is commonly met with. The lungs were filled with tubercles, which seen through the pleura had a very peculiar greenish hue. There were some adhesions, and also two mases of bronchial glands filled with scrofulous matter. The spleen and mesenteric glands were much diseased, and a few tubercles existed in the liver and kidneys. During life there were no symptoms of either chest or abdominal disease. The head symptoms, however, were exquisitely marked. This patient was the fourth child of the same family carried off by hydrocephalus: she had been declining in health for about three months.

the present instance. The period, too, at which the convulsions came on is quite out of the common course: nor is there any mention made of a symptom which is probably as often present as any other single one—namely, vomiting. The case, in fact, was one of convulsions, caused either by the irritation of teething, or derangement of the bowels. I am very far from asserting that the treatment was injudicious; but I do maintain that the case was not one of acute hydrocephalus.

On the treatment of this affection, when once formed, I have nothing of value to offer. When the attack has been preceded by loss of flesh, the case, as far as I have yet seen, has been invariably fatal under any line of treatment. A modified antiphlogistic plan, in which mercury formed a principal part, has, however, been sometimes successful, when the disease came on more suddenly. It by no means follows, however, that salivation will save the patient. I have seen three or four instances where mercury produced its specific effects, and yet they were ultimately fatal cases. In one of these, which I saw with my friend Mr. William Barrett, the changes in the symptoms which took place, and which might have led any one to suppose that the patient would ultimately recover, were very remarkable.

As the disease is very apt to attack several individuals of the same family (and this, by the way, is an additional argument for not supposing it to be of the common character of acute inflammation), I have been in the habit of recommending a family, where one has been already lost, to the country. In some highly instructive statistics given in a late number of the Medical Press, it is stated that for every three cases of hydrocephalus met with in a city, only one occurs in the country. The plan, however, on which I place most reliance for the prevention of hydrocephalus consists in the insertion of an issue in the arm or elsewhere. I have known three children of one family, and four of another, carried off successively, by hydrocephalus; but the disease at once prevented by the means just spoken of. For this valuable hint I am indebted to my father. Probably with these means the internal use of some preparation of iron would be advisable, as recommended in scrofulous cases by Mr. Carmichael.

HINTS TO PRESCRIBERS OF SULPHATE OF QUININA.

BY M. DONOVAN, ESQ.

The agreeable taste, odoriferous smell, and elegant colour of the acid infusion of roses have rendered it a favourite vehicle for the exhibition of more active medicines; and the choice is the more fortunate when the medicinal or physical properties of the infusion assist those of the remedy for which it is the selected medium. On these accounts the infusion of roses is frequently employed as a solvent for sulphate of quinina. The latter being nearly insoluble in water, and while in the insoluble state being much less active, it is rarely prescribed in liquids merely aqueous: sulphuric acid is therefore always employed to acidulate the water, as well as to add to the tonic powers of the salt. Infusion of roses contains the necessary quantity of sulphuric acid, and if it possess any medical efficacy, this coincides with the powers of the sulphate of quinina. Hence it is a common practice to prescribe infusion of roses with sulphate of quinina; and it is supposed that the two medicines form an elegant, efficacious, and compatible mixture.

I believe that the supposition is ill-founded. The mixture is not elegant; for it is no longer red and transparent, but becomes muddy and disagreeable in appearance; it is not efficacious; for much of the quinina is withdrawn in an insoluble state; and it is not compatible; for there are two sources of decomposition. Rose-leaves contain both gallic and tannic acids: hence gallate and tannate of quinina will be formed; both are insoluble in cold water; and they will remain floating through the liquid, notwithstanding the presence of sulphuric acid which, so far as these salts are concerned, affects no good purpose as it does not dissolve the new salts formed.

How the apothecary will act with regard to the very copious precipitate which appears, I cannot tell. If he sends out the medicine loaded with a precipitate, the prescriber may chance to pronounce it a very inelegant specimen of pharmacy; or what is worse, he may imagine that some error has been committed when he sees a muddy, heavy looking liquid with a white powder floating through it, in place of the bright-red, transparent solution which are expected. If the apothecary filters the medicine, he certainly deprives the patient of much of the quinine that was intended for exhibition. The alternative is therefore either detriment to himself or to the patient; and which he will prefer is not for me to determine. Let him adopt what course he may, it is certain that much of the quinine will go to loss either virtually by insolubility, or absolutely by filtration.

Sulphate of quinina is also prescribed in conjunction with compound infusion of orange-peel as a vehicle and adjuvant. I have seen this much practised both in England and Ireland, but believe the formula to be liable to the same objection, for a precipitate is copiously deposited.

It might be supposed that it is little matter in what state the quinina is administered, whether as a sulphate, gallate, or tannate: but if the sulphate require the addition of sulphuric acid to hold it in solution, and if the state of solution be necessary to the exertion of its full medical efficacy, it must be improper to conjoin with it any agent which eliminates it in the solid form. Besides, it has never been proved that either the gallate or tannate of quinina possesses medical powers.

It seems much better to prescribe the sulphate of quinina simply dissolved in water, or in camphorated mixture, by the aid of a little sulphuric acid. If adjuvants are required, they may be administered by themselves, in some time after the exhibition of the sulphate. It is unsafe to combine or modify such delicate articles, as it is difficult to foresee where injury may be done. Who, except one that had witnessed the effect, would suppose that there could be any impropriety in conjoining sulphate of quinina with preparations of cinchona bark? yet alcoholic solution of sulphate of quinina is copiously precipitated by tincture of bark, and insoluble tannate of quinina is soon separated.

I have reason to believe that the precipitate which falls when the decoction of bark is allowed to cool, consists chiefly of tannate of quinina.

I thought it right to bring these facts before the profession: prescribers will draw their own inferences as to whether they are entitled to any consideration.

11 Clare-street, June 30.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

NAIL IMBEDDED IN THE EYE-BALL.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—The following singular case is accurately reported by Mr. John Crawford, a very intelligent and zealous pupil :—

"Mary Banin, admitted on the evening of the 29th of May, 1841, into the Richmond Surgical Hospital, under the following circumstances :—She states that, about two hours previous to her admission, she had been shaking a carpet, when a small nail, which had been concealed in it, was forcibly jerked against the centre of her right eye. The shock it caused was very great, and followed by slight nausea and general weakness. Very shortly after, she observed on her apron "a small glairy substance," which, from her replies to questions respecting it, was most probably the crystalline lens. She adds that the nail which struck her was afterwards found in the corner of the carpet which had been jerked against her eye."

Her general state on admission is as follows :—The palpebræ of the right eye are very much inflamed and swollen; there is chemosis so extensive as to almost completely conceal the cornea, but what can be seen of it presents a depressed appearance; and from this central depression there is a slight oozing of blood. There is not the slightest trace of any thing like a foreign body in the eye. She complains very much of a deep constant pain extending more over the right side of the head and face, than confined to the globe of the injured eye. There is nausea, with occasional slight vomiting, great thirst, quick pulse, and an inclination to sleep, disturbed by frequent startings and slight delirium.

Treatment—

Statim applicentur hirudines, xij. palpebris oculi dextri.

℞ Acetatis plumbi grana sex
Aquæ rosæ uncias octo.
M.—Ft. lotio eadem parti applicanda.

℞ Sub-muriatis hydrargyri grana, xxiv.
Pulveris opii grana, iij.
M. et divide in pilulas, xij. æquales, quarum sumat unam secundis horis.

30th.—The treatment ordered yesterday was rigorously pursued, but without any relief; indeed, there is an evident aggravation of the symptoms, the swelling of the eyelids and the chemosis being so much increased that it is almost impossible to open the eye; and at a part corresponding to the centre of the cornea, a slough of a pearly whiteness is observed.

Directed: to have twelve ounces of blood taken from the arm.

31st.—No change for the better; and the mercury has begun to act so violently on the bowels, that it is found necessary to discontinue its use.

Ordered; to be leeched again—to continue the use of the lotion—and to have the following mixture :—

℞ Misturæ cretæ, ℥vij.
Tinct. kino.
——— catechu sing. ℥i.
——— opii, ℥ss.
M., et sumat hujusce misturæ unciam post singulas sedes liquidas.

From this period there was scarcely any alteration in the state of the eye, or in the general symptoms until the 15th of June, although the above treatment had been pursued during the intervening period. On the morning of that day, the eye-ball was found greatly enlarged, very painful, and hopelessly disorganised; and the patient complained of frequent sharp rigors, and excessive pain in the head. Her face was much flushed, and her pulse quick, small, and hard. Under these circumstances Dr. O'Beirne thought it advisable to make a free opening into the cornea. For this purpose, he passed a lancet deeply in the direction of the transverse axis of the eye-ball. This incision was followed by a considerable discharge of purulent matter, mixed with serum; and the patient expressed herself as having experienced great relief from the pain and tension of the organ. Whilst making this incision, Dr. O'Beirne felt that the point of his lancet grated against some hard, resisting body; and, at the moment, stated his decided opinion to the class, that there was a lodgment of some foreign body in the interior of the eye. He thought proper, however, to desist from any further examination on this day, and—

Ordered the repeated applications of warm poultices of bread, milk, and sweet oil.

June 16th.—The patient states herself to have been much relieved by the evacuation of the matter from her eye—to have slept much better last night, and to suffer much less pain this mornning.

Poultices to be continued.

19th.—On this morning Dr. O'Beirne made a particular examination of the eye with a silver probe, and, having distinctly satisfied himself of the presence of a foreign substance, proceeded to abstract it with a slender, long-limbed eye forceps, but seeing after some time, that I was in a more favourable situation for that purpose, handed me the instrument. Having first with the probe familiarised myself with the situation of the body, I passed the forceps deeply into the interior of the eye, and, depressing the point, easily grasped the substance between the blades, and, on making a little effort, I succeeded in drawing from the eye a small black nail, which measured about three-quarters of an inch in length, having a broad flattened head, very nearly one-fourth of an inch in diameter; in short, what is commonly known by the name of a "two-penny tack." What was singular, was the fact that the point of the nail was the part first presented —so that its head must have been actually in contact with the posterior inferior wall of the eyeball. Immediately on the withdrawal of this irritating body, the patient expressed herself as receiving much greater relief than she had as yet experienced.

Ordered; to have an anodyne draught, and to continue the application of the poultices.

20th.—Improved in every respect. She passed a most easy night, and the pain, chemosis, and tension of the eye, are almost entirely removed.

22d.—No constitutional symptoms. Eye sunk in the orbit, but quite free from pain. There is slight inflammation of the conjunctiva surrounding the cornea; and, in the centre of the latter, there still remains a small slough of a very white colour. Vision, of course, is quite destroyed. Poultices to be continued, and a five-grain solution of nitras argenti to be dropped, twice or thrice in the day, into the eye.

25th.—Complains only of weakness.

Ordered: to have full diet, and wine.

July 1st.—No longer complains of weakness. The left eye, as throughout the whole course of the case, is in no way affected.

Discharged.

In this case, so perfectly unique, and so clearly and carefully detailed by my very deserving young friend, there are some points which call for brief observation.

In the first place, neither the appearance nor the

feel of the eyeball afforded any indication whatever of the real nature of the accident; while, on the contrary, the statement made by the patient went strongly to show that the nail had not entered the eyeball, but had merely cut the cornea. In this respect, therefore, the case is eminently calculated to caution practitioners, in cases of free wounds of the cornea, against allowing themselves to be betrayed, by any appearances or statements whatever, into any very positive assertion that a foreign body had not entered the interior of the eye.

Secondly—If the presence of this nail had not been accidentally discovered in the act of puncturing the eye, what would have been the consequences? It appears to me that long before any ulcerative or sloughing process could have enabled such a body to come away, the membranes of the brain would be attacked with inflammation, which, by being constantly kept up, could not be resisted or overcome by any mode of treatment.

Thirdly—If the nail had struck the cornea, point foremost, it is unlikely that a wound so made would be large enough to admit its head to enter the eyeball. The presumption, is, therefore, that the sharp edge of the *head* of the nail, first struck the cornea, cut it freely, and so enabled the whole of that foreign body to enter and bury itself in the globe of the eye. This presumption is still further strengthened; first, by the fact of the nail having been extracted point foremost; secondly, by the natural inference that, if its point had been directed backwards, and sticking in the retina for 17 days, the general symptoms would have been infinitely more formidable than they actually were.

With these observations,
I have the honour to be, Gentlemen,
Your obedient humble servant,
JAMES O'BEIRNE, M.D.
Surgeon Extraordinary to the Queen.

FATAL PERITONITIS—POST-MORTEM APPEARANCES.

TO THE EDITORS OF THE MEDICAL PRESS.

Armagh, June 10, 1841.

GENTLEMEN,—The following fatal case, with the post-mortem appearances, may, perhaps, be deemed worthy of a corner in the MEDICAL PRESS.

I am, gentlemen,
Your most obedient servant,
ALEXANDER LANE, M.D., R.N.

December 7th.—At 7, P.M., K. L——— complained of pain under the left breast, increased on respiration—states that he has felt ill for the last week—pulse quick and small—skin rather hot and moist—tongue clean—no thirst.

℞ Submur. hydrarg. et pulv. scammon. ää. gr. vi.
Pulv. jalapæ, ℈i.
Pulv. ipecac., gr. i.
M.—Stat. sumend.

8th.—Bowels not opened—perspired profusely during the night—feels easier—pulse soft—breathing more difficult.

Rept. pulv. purg. 2da. quaque hora, si opus sit.

8, P.M.—Feels much better—bowels freely opened.

9th.—Bowels continue open—pulse wiry, and pain of breast increasing—skin moist.

Emp. lyttæ, appl. ad part. dol.

9, P.M.—Much relieved.

Habeat pulv. ipecac. comp., gr. xii.

10th.—Slept well—much easier—pulse less quick, and more full and soft.

Pulv. ipecac. comp. gr. iv. 4tis. horis.

8, P.M.—As in the morning.

11th.—Pain of breast scarcely perceptible—has no other complaint—pulse soft and full—has had three stools—feels very weak.

Submur. hydr. gr. iii.
Opii. pulv. gr. i.

8, P.M.—No pain—feels easy.

Rept. med. ut mane.

12th.—Pain of abdomen, increased on inspiration and pressure—knees drawn up—cannot bear the pressure of the bed clothes—pulse quick and fluttering—tongue brown in the centre, and moist—mouth clammy—thirst—no nausea—skin hot and moist—much purged since 2, A.M.—great exhaustion.

Habeat 6tis horis,
Submur. hyd. ℈i.
Pulv. opii. gr. ss.
Appl. statim ad reg. abd. emp. cantharid.

2, P.M.—Pulse fluttering and unsteady—but more full and soft—skin soft and moist; sensible, but evidently sinking.

8, P.M.—No pain—sinking.

Midnight—Has rallied a little—one thin evacuation—has had emollient enemas during the day.

13th, 2, A.M.—Incoherent—edges of tongue natural—centre brown and dry.

4, A.M.—Sinking fast.

8, A.M.—Expired without a struggle.

Examination of body two hours and a half after death.—On exposing the abdominal viscera, the most minute vessels appeared engorged with arterial blood, lymph had been thrown out in the utmost profusion. The intestines adhered to each other, and to the omentum. The whole surface of the peritoneal sac had suffered more or less severely from a high degree of inflammatory action. Peritoneum highly inflamed; in spots, soft, and easily torn—did not appear thickened. Lymph was lying on the convex surface of the liver as thick as a wafer and very vascular. Where the intestines adhered to each other, or to the surrounding parts, the most active inflammation existed. The stomach was empty—cardiac section healthy—the pyloric highly inflamed in ridges, running towards the pyloric orifice, and covered with a glairy, orange coloured viscous matter—duodenum in a similar state, but the matter frothy. The small intestinal tube was more or less inflamed throughout, and contained a dark coloured grumous fluid not unlike "black vomit." Where the mucous coat suffered much, the adjoining peritoneal appeared less vascular, and *vicê versâ*. The large tube highly inflamed as far as the sigmoid flexure of the colon, containing a highly offensive fœculent matter. The caput coli perfectly gorged with blood, and distended with an offensive gas: several dark spots were observable in this tube. The rectum was healthy and contained some soft natural fœculent matter. Spleen and pancreas healthy: kidnies and ureters healthy: peritoneal coats inflamed. Liver perfectly healthy, except the entire of the left lobe, which appeared one mass of disease. On its anterior edge was a small opening about the size of a pea, from which issued, on pressure, about half a pint of a dark sanguineous fluid. On cutting into this lobe, a vast number of small sacs, containing from one to two ounces of pus, were divided, as were similar sacs of coagulated blood. The remaining portion of the lobe appeared to be one mass of unorganised lymph, containing a number of small masses, each of which might be about the size of a bean, and held together by arteries, veins, nerves, &c.; it had something of the appearance of a honeycomb. The disease was proceeding to enter the right lobe above and behind the lobulus spigelii.

The bladder was very small, and had suffered se-

verely. There was an extensive effusion of a yellowish watery fluid raising the mucous membrane in detached lobes of different sizes. Lungs healthy—the right adhered from prior disease. Heart small, pale, and rather soft. Brain not examined.

RAHENY AND CLONTARF DISPENSARY.

MEDICAL REPORT FROM MARCH, 1840, TO MARCH, 1841.

Fever—Simple fever, typhus, scarlet fever, measles, small pox, ague, hectic, &c.....	169
Diseases of the Abdomen—Dyspepsia, diarrhœa, dysentery, worms, cholera, dropsy, hæmorrhoids, cholic, inflammation, affections of the liver, kidneys, bladder; hernia.....	594
Diseases of the Chest—Pneumonia, bronchitis, cough, phthisis, influenza, pleurisy, asthma, hooping cough, affections of the heart, &c....	350
Diseases of the Head—Hydrocephalus, apoplexy, head-ache, &c.....	24
Diseases of the Skin—Erythema, erysipelas, scabies, porrigo favosa, psoriasis, and many others.....	95
Diseases of the Eye—Simple and purulent opthalmia, ulcers on cornea, albugo, cataract, hypopion, &c., &c.....	55
Accidents—Fractures, contusions, wounds, burns, and scalds, &c.....	93
Abscesses, with anthrax, boils, paronychia,	81
Rheumatism—Acute and chronic, and sciatica...	86
Carious Teeth—Those extracted and those stuffed.....	80
Vaccinated.....	38
Cases not referrable to any of the above Classes, such as inflammatory sore throats, ulcers, varicose veins, syphilis, labour, infantile diseases, epilepsy, amenorohœa, leucorrhœa, and many more.....	266
Total.....	1931

Deaths—In hospital, 2; in the district, 20; from old age, 3.

Visited at their Homes, 458.

I have to report to the committee that there has been a great increase of fever during the past year. I sent some bad cases of typhus to hospital: two died there. Of the one hundred and sixty-nine cases, four died under my care, viz., two of typhus (one of them was an old man). One case of measles died—a grown girl—in consequence of having exposed herself to cold, and one case of scarlatina died: this case I was not called to see until a day or two before her death. There have only been four or five cases of scarlatina in the district, and less of fever during the past month.

There has been much disease of the bowels. Vomiting worms has been very frequent. One case (an old person) died of strangulated hernia: she would not submit to the operation—every other treatment was resorted to without benefit. There has been a good deal of influenza, also several cases of pneumonia. I am happy, however, to state, that with the exception of one or two cases, all recovered.

ARTHUR GRATTAN GUINNESS, M.D.

BOOKS RECEIVED.

British and Foreign Medical Review—No. XXIII. July, 1841.

On Stammering and Squinting, and on the Methods for their Removal. By Edwin Lee, M.R.C.S. 8vo., pp. 88. London, 1841.

The American Journal of the Medical Sciences—No II. Philadelphia, April, 1841.

The New York Journal of Medicine and Surgery—No. VIII. April, 1841.

SYNONYMES—OR NEW POOR-LAW DEFINITIONS.

TO THE EDITORS OF THE MEDICAL PRESS.

Stow-market, Suffolk, June 26, 1841.

GENTLEMEN,—Mrs. P——, a very worthy but plain speaking person, who was put into the "*spiritual* court" for having called a woman with whom her husband cohabited, a w——, was of opinion that "that description of females would be less numerous if they were more *generally* called by their proper epithet, coarse and offensive as it may sound to "ears polite;" but, that while they continued to be mincingly designated—"unfortunate women"—"ladies on the town"—"ladies on the pavé"—"ladies of easy virtue, &c., half the odium attached to their *real character* was concealed or softened down. In this opinion I am inclined to think Mrs. —— was perfectly correc: tthere is more in a name than some people seem to apprehend. Not one moiety of the atrocities of the new poor-law *amendment act*, would ever have been perpetrated, had not the real objects of that measure been softened down or masked under specious appellations. How smoothly do the terms "new poor-law *amendment* bill"—"poor-law *commissioners*"—"poor-law *guardians*"—"*relieving* officers," &c., &c., fall upon the ear, and how "*trippingly*" do they glide from the tongue! but, how deceitful and imperfect a knowledge do they convey of the actual character, and complexion of this act—and of its advocates, officers, aiders and abettors.

It does appear to me that an explanation of the actual meaning of the terms employed by the poor-law satraps, and their underlings, is a desideratum, more particularly in Ireland (where, at present, the *natives* appear to be in a state of "blissful ignorance" of these matters); and as, without such an explanation, it is impossible for the uninitiated into the mysteries of this, new poor-law *amendment* act" to arrive at any correct conclusion, as to the "admirable workings" of that measure.

First, of the act itself.

By the term "*amendment* act" is meant an act subversive of the fundamental principles of the British constitution, and destructive of the liberty of the subject—an act which sets at defiance the word of God, and holds up as objects of derision and contempt the claims of humanity, and the dictates of benevolence—* an act which constitutes poverty a crime, and converts the face of the country into one vast prison for its punishment.

"Malthusians."—The disciples of an atheist, whose dogmas they take or mistake for philosophy. The fellow had the folly to enter into calculations to prove that the Almighty had not made the world large enough to *maintain* its inhabitants—and that it is become necessary to oppose the Divine command, "to increase and multiply," by human legislation. Upon the blasphemous hypotheses of this pseudo-philosophical blockhead, "hang the whole new poor-law and *its* prophets."

"Reports of poor-law commissioners," mean fabrications calculated to perpetuate a system of jobbing; and to convert enormous temporary salaries into permanent sinecures and pensions.

"Relieving officer"—means a heartless and unfeeling wretch, who bullies and insults the poor—and *withholds* relief as long as possible.

"Governor of an union house"—means a jailor.

"Dietary"—means an innutritious and often poisonous composition, which accomplishes a reduction

* See Lord Brougham's celebrated speech—in which he declares "all charities, except hospitals for the reception of accidents, positively injurious."

in the poor-rates, by effecting an annual reduction of at least twenty per cent. in the number of those who are compelled to swallow it.

"Guardian of the poor"—means a guardian of his own pocket.

"Medical officer"—means a surgeon who is compelled to cut his own throat: there are, however, a few voluntary suicides.

"Independent medical club"—means robbing the poor man of his last penny, to save the pocket of the rate-payer.

"Union house"—means a place of confinement, in which men are forcibly *separated* from their wives, and children from their parents.

"Classification"—means placing an honest and industrious labourer upon a level with a convicted felon.

"Rendering the labourer independent"—means compelling a poor man to take less for his labour than it is worth, or stowing him into a workhouse, that the tenant may be able to pay the landlord an enormous rent: it is opposed to that obsolete scriptural text, "the labourer is worthy of his hire."

"Throwing the poor upon their resources"—means stripping them of every thing by acts of parliament, and then compelling them, under the pangs of starvation, to become beggars, thieves, and prostitutes.

"Improving the moral condition of the poor," bears precisely the same meaning.

The whole system means—*humbug*.

These, and a few similar explanations, gentlemen, are essential to a thorough comprehension of a Malthusian's faith—and trusting that our worthy Poor-Law Commissioners will have the candour to append them to their next annual budget of fabrications,

I have the honour to remain, gentlemen,
Yours very respectfully,
J. BEDINGFIELD, M.D.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 7, 1841.

PREFACE TO OUR SIXTH VOLUME.

We have had so often to call attention to the progress and results of our editorial labours, by way of preface to our half yearly volumes, that we are somewhat at a loss for additional evidence, to prove that our exertions have been beneficial to our readers, and of advantage to the profession at large. Nevertheless, we venture to think that we may take credit to ourselves for having contributed to the infusion of a new, and as we firmly believe, a better spirit into the hearts and minds of our brethren. Since the publication of our first number, the emancipation of the members of the medical profession from the trammels of prejudice, and antiquated restraints on intellectual improvement has been steadily advanced, and the opposition to improvement as steadily diminished; so much so, that we can now enumerate among our supporters many, who, at our outset, were our bitterest opponents, and point out numbers who now admit that we have "done the state some service," but, who formerly looked on us as little better than levellers, and demagogues, and company only fit for Jack Cade or Wat Tyler. How far we are justified in arrogating to ourselves the merit of effecting such a change may be questioned; but of this there can be no question, that medical affairs have been viewed in a different light since the period of our first publication. Perhaps we have no right to take credit for any thing more than for the sagacity which enabled us to perceive that there was, in Ireland at least, a latent spirit in the medical profession which only required an outlet to render it efficient for the most important purposes, but, be that as it may, it was upon that conviction we went to work, and, upon that conviction we propose to go on. We are convinced that the medical men of Ireland are determined to assert their rights, and to defend their interests; and they may rely on it, that we are as determined to allow no consideration whatever to divert us from fearlessly seconding or if necessary leading them on. It must be obvious to all that as the discussion of medical affairs proceeds it assumes more and more its proper character, and exhibits more and more its importance to the community at large. Already the poor-law, game-law, and election-law senators begin to think that the parliament out of doors may some time or another begin to suspect that their lives and health may be worth a little legislative attention, and that people are not to be poisoned or mangled, because they are not rich. This impression we propose to improve upon; and if any of our readers feel inclined to object to our enlarging on topics apparently foreign to the subject, we entreat of them to bear with us for a season, and we have little doubt that in the sequel we shall prove that the course we pursue is the only safe and effectual one. Certain statesmen, as they call themselves, in the House of Commons, turn up their noses when medical affairs are alluded to; crack jokes on "the Doctors" and count out the house when bills are introduced for the benefit of the profession, and the poor who look to the profession for relief: but let them beware; before now they have been taught to respect powers which they previously despised, and to seek support from those they previously insulted, and perhaps they may have to learn a similar lesson again. As far as in us lies, at all events, the medical profession must and shall be allowed free scope for the exercise of its beneficial influence, as a body, for the community at large. We will submit to no contemptuous neglect—no arrogant or studied disrespect from leaders of political factions; we will tolerate no saucy sneers from official parvenu's or purse-proud purchasers of rotten constituencies. These observations we make by way of guarantee as to our future conduct relative to the interests of the medical profession, and we make them without the slightest reference to the results of the present political struggle. We think it better to state the nature of the principles and feelings which guide us before the successful parties are declared.

In the discharge of our editorial functions we have not been deterred from putting forward our own opinions and recommendations and enforcing our own views as to matters affecting the interests of our brethren. We have not made ourselves the mere agents of any section or party; or relied on the support of any branch of the medical trading community; but we have watched, and will continue to watch the conduct of those engaged in the same cause, and at all times will avail ourselves of their advice, suggestions and assistance. We wish in fact to make the Medical Press the means by which the members of the medical profession can enforce their claims on the legislative and executive government as well as influence public opinion in favour of the views and objects which they contemplate. To do so, however, it will be necessary to take part in the discussion of topics which may not at first sight appear to be within the province of medical journalists, and to express opinions on matters which may not appear to belong to our profession; convinced that unless we do so there is no chance of enforcing attention, or compelling persons in power to consider the subjects we submit to them.

Lawmakers have, we believe, an adage to the effect that matters of minor importance are unworthy of a

statesman's attention; they say "*de minimis non curat lex*;" and our modern parliament men are pleased to look on all matters affecting the health and lives of the people as amongst the "*minimis*." Now, we propose to enlighten them on such subjects, and to explain to them that they are quite as important as the preservation of hares and partridges to which they have so zealously devoted themselves, or even the invention of contrivances to encrease or diminish the number of voters according to the wants or wishes of contending parties. We will endeavour to shew them that the proper regulation of the medical institutions of the country is as worthy of attention as a railway job, and that rendering the medical charities efficient is as important as a joint-stock bubble. This we propose to do, and we are convinced that we can do it if the members of the profession prove true to themselves and use the present opportunity with advantage. One object at least should be secured, and that is a pledge from every candidate that he will attend in his place in the House of Commons whenever measures affecting the interests of the medical institutions, or the members of the medical profession individually, are brought forward. This is not too much to ask, and, if asked, can scarcely be refused.

DUBLIN UNIVERSITY—INSTITUTION OF A SCHOOL OF ENGINEERING.

The University of Dublin has lately taken a step in advance, not only highly creditable to the rulers of that learned body, but likely to be productive of the most important benefits to the entire country. The step we allude to is the addition of a School of Engineering to the establishment of the University.—The School is to consist of the University professors of mathematics and physics, and of assistants in those departments, to be appointed from the junior fellows—of one professor of practical engineering, and one of "chemistry and geology, as far as these sciences relate to works of construction." To the two latter professorships are attached yearly salaries of £150 each, and certain fees from students who may avail themselves of the instructions of the professors.

It would be superfluous to enlarge upon the wisdom of this measure. No one capable of reflection, who has had the opportunity of looking about him in this and in other countries, can be blind to the backwardness of Ireland in those arts, of construction, which must be considered as the marks of civilization peculiar to the present age; and it cannot be doubted that the patronage of the national University is well bestowed in promoting their cultivation. That this patronage has been exercised with a serious and honest intention of making the "School of Engineering" an efficient instrument of good, both to the University and the country, we have unquestionable proof, in the unanimous election of Dr. Apjohn to the professorship of chemistry and geology. Of Dr. Apjohn's qualities, as a man of science and a public teacher, it is not our intention to speak: his position as President of the Geological Society; his scientific labours in the Royal Irish Academy, crowned as they have been by the *summi honores* of that learned body; and, above all, his career as Professor of Chemistry in the College of Surgeons, render him independent of our humble praise. We shall, therefore, content ourselves with repeating that the University has earned for itself the gratitude of the country by the institution of the new school, and in an equal degree, by the selection of its first professor.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 1.—Council met.

Read a letter from Dr. Dowling, of Kilmallock, complaining that having been called upon by the sub-inspector of police to attend a man labouring under fracture of the skull, and several other severe injuries, he was tendered the sum of £3 3s., as remuneration for more than a month's attendance.

Resolved—That the secretary do write to Doctor Dowling, to request further information, and to learn if the circumstances of the case will admit of the institution of legal proceedings.

Resolved—That the following letter and memoranda be printed and forwarded to the local secretaries and other influential members of the Association:

Dublin, July 1, 1841.

DEAR SIR—I am directed by the Council to request that you will, as early as possible, organise a deputation of Medical Practitioners of your neighbourhood, to wait upon the Candidates for your County or Borough, and to request their attention to the subjects referred to in the enclosed memoranda.

Should you be able to procure pledges upon any of the points, you will have the goodness to do so; but if that be not practicable, you will probably, at all events, be able to obtain a promise from Candidates, that, if elected, they will attend in their places in the House of Commons, and give a due consideration to the claims of the Medical Profession whenever they may be brought before Parliament.

Should there be a contest in your district, it may be advisable for two separate deputations, composed of gentlemen holding different political opinions, to be formed, in order that the opposite candidates may be waited upon by their respective friends. With respect to this, you will, of course, use your discretion; but it will be very advisable that the deputations should have as many electors upon them as possible.

I am, Sir, faithfully your's,

H. MAUNSELL.

MEMORANDA TO BE PLACED IN THE HANDS OF CANDIDATES.

THE objects sought for by the Medical Profession, and classed together under the name of "Medical Reform," are shortly the following:—

1.—Such an organisation of the Medical Profession as will place a check upon the admission into it of incompetent and uneducated persons.

2.—Regulation of the Profession of Pharmacy, so as to ensure for the public and the Medical Practitioner the services of educated and competent Apothecaries, distinct from Medical Practitioners.

3.—Protection for the Medical Charities, so as to ensure efficient medical relief for the poor, and to prevent the degradation of the Medical Profession, and consequent injury to the public, which is threatened by the proceedings of the Poor Law authorities.

4.—Such alterations of the Coroners', Grand Jury, and other Acts, as will provide for the suitable payment of Medical Witnesses called upon to give evidence in Courts of Justice.

5.—Such an amendment of the Vaccination Act as will abolish the system of tender and contract for medical services, and as will remove the administration of the act from under the control of the Poor Law Commissioners.

Members of Parliament are respectfully requested to give their attention to these subjects, and to pledge themselves to attend in their places whenever they may be brought under the consideration of the House of Commons.

By order of the Council,

H. MAUNSELL, Secretary.

Resolved—That Drs. O'Beirne, Macdonnell, Jacob, Hargrave, Hart, Tuohill, and Messrs. White and Williams, be deputed to wait upon the candidates for the City of Dublin.

POOR-LAW INTELLIGENCE.

Mountmellick Union.—At a meeting of the Board of Guardians, held on Friday, the 25th ult., a desperate effort was made by Mr. Assistant-Commissioner O'Donohue, aided by some five friendly guardians, to entrap the board into an indirect sanction of the gross blunder committed by the Commissioners with regard to the work-house site, upon which we have so often had occasion to animadvert. The *modus operandi* adopted on the present occasion was the proposal of the following resolution by Captain Tibeaudo and Mr. Timothy Dunne:—

"Resolved—That on considering the superiority of the present site, the expense of change, and inconvenience of further procrastination, we request the Commissioners to proceed with the building of the workhouse."

The object of this move was thus explained by Mr. Hamilton, to whose unremitting and able exertions the public has been so much indebted for the exposure of this disgraceful transaction.

Mr. Hamilton said "it might be very convenient for the Commissioners and their subordinates to get this small portion of the board to identify itself with their actions, but I trust the board will not commit itself. They have taken the site without us; they commenced the building without asking our approval: why do they not continue it? They have the power: let them exercise it if they have the courage. We have not the power to proceed with or to suspend the works. The Commissioners did not consult us as to the suspension: why do they now look for an authority from us to proceed? Heretofore, we have had no hand or act in the matter: let us not step in now to divide the responsibility. No doubt it would be convenient for the officials to have such a resolution as that proposed, to fall back upon: they have endeavoured to cover themselves before now upon less serious considerations. I call upon the guardians to reject this resolution upon every ground of prudence and consistency, as well as because they are too few here to-day to decide for the whole body."

The resolution was negatived by a majority of 8 to 5.

It was for talking out upon this very subject that the indecent outrage upon Dr. John Jacob was perpetrated. As long as Mr. Hamilton retains a seat upon the Board of Guardians, much gain will not accrue to the Commissioners from their motion upon that occasion.

MEDICAL INTELLIGENCE.

On Saturday a deputation from the Council of the Medical Association of Ireland, consisting of Mr. Williams and Drs. Jacob, Hart, Geoghegan and Maunsell, waited upon Messrs. West and Grogan, candidates for the city of Dublin, and placed in their hands the memoranda drawn up by the council.—Both these gentlemen received the deputation with the utmost kindness, and pledged themselves, in the event of their election, to attend in the House of Commons whenever the claims of the medical profession may be brought under consideration. Mr. West, particularly, showed a warm interest in medical affairs. He said that as he would resolutely resist any attempt to degrade or injure his own profession, so he must sympathise with, and would assist medical men in endeavouring to obtain redress for the many grievances under which he knew they laboured.—Some he had, himself, frequent occasion to observe, and to know that they required attention, on public grounds. Among these he instanced the payment of medical witnesses in courts of justice, and promised that proper arrangements with respect to that subject should have his cordial support. He also expressed his entire dissent, on constitutional grounds, from the present poor law system and management, which he considered to be not merely insufficient for the attainment of the objects proposed by its framers, but positively dangerous to the country. In fine, Mr. West stated that he would gladly support any plan for the organisation of the profession which might meet with general support from the body of medical practitioners.

On Tuesday last a deputation from the Western Medical Society, consisting of Drs. Wood and Corbett, waited on Mr. Leader, one of the candidates for the county of Cork, to request that in the event of his return to parliament he would give the subject of Medical Reform his best consideration, whenever it came under discussion in the House of Commons.—Mr. Leader received the deputation most kindly, and promised he would give a matter of such vast importance, not only to the profession but to the public, his best attention; but that he must look to the profession for every necessary information.—*Cork Constitution.*

College of Physicians, London.—The following gentlemen were elected Fellows of the College of Physicians, at the usual annual meeting last week, the new measures of reform not having yet come into operation:—Drs. Blair, Yelloly, Morrison, Cooper, Goldie, C. Forbes, Macarthur, Lefevre, R. Lee, M. Hall, and A. T. Thomson.—*London Medical Gaz.*

New Law in Relation to Foreign Practitioners of Medicine.—The State Legislature of New York have recently modified the law of May 16, 1833, as follows:—No person coming from another country shall practice physic or surgery in this State, until he shall have been examined and licensed by the censors of the State Medical Society; and no person coming from another State shall practise physic or surgery in this State until he shall have filed a copy of his diploma in the office of the clerk of the county where he resides, and until he shall have exhibited to the Medical Society of that county satisfactory testimonials of his qualifications, or shall have been examined and approved by its censors."—*New York Journal of Medicine and Surgery.*

TOWN OF LUCAN.

The Inhabitants of Lucan beg leave to return thanks to the Nobility, Gentry, and Physicians of Dublin and its vicinity, for the patronage bestowed on their village during the past season, and to assure them that no exertion shall be wanting on their part to merit a continuance of their favour.

Their Spas are now universally acknowledged (although possessing rather less saline properties than those of Harrowgate) to be equally beneficial in numerous complaints, particularly when taken in conjunction with the Sulphur Baths, as can be certified by the most eminent Physicians of Dublin, who can be referred to, and from the well-known beauty of the neighbourhood and proverbial salubrity of the air, the Village has always been found peculiarly grateful to Invalids.

The Lodgings are neatly and comfortably fitted up, and on extremely moderate terms.

The Markets are well supplied, and there are constant conveyances to and from town, good Inns, &c.

A list of Lodgings and every necessary particular may be had on application to Mr. N. Young, Proprietor of the Spa and Baths.

Lucan, 1841.

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"SALUS POPULI SUPREMA LEX."

No. CXXXII.] DUBLIN, WEDNESDAY, JULY 14, 1841. { PRICE SIXPENCE, STAMPED.

Lectures on General Pathology and Therapeutics, Delivered at the Faculty of Medicine, Paris, by M. Andral.—No. II.—
Physiological Constitution of the Blood—... 17
Pathological Conditions of the Blood—Diseases in which the Quantity of Fibrine is Increased..... 19
Academy of Sciences of Paris.—Report on the Constitution of Atmospheric Air—By MM. Dumas and Boussingault..... 21
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ABSTRACT OF THE LECTURES ON GENERAL PATHOLOGY AND THERAPEUTICS,

DELIVERED AT THE FACULTY OF MEDICINE, PARIS,

By M. Andral.

BY M. MONNERET.—NO. II.

PHYSIOLOGICAL CONSTITUTION OF THE BLOOD—FIBRINE, GLOBULES, ALBUMEN—METHOD OF ANALYSIS—PATHOLOGICAL CONDITION OF THE BLOOD—DISEASES IN WHICH THE QUANTITY OF FIBRINE IS INCREASED.

Physiological Constitution of the Blood.

The blood, considered in regard to its natural composition, should be studied in three different ways.—1st—By the naked eye. 2d—With the microscope. 3d—By the methods of chemical analysis.

It is not so difficult as is generally supposed, to form a just idea of the composition of the blood, and of the condition of its several elements. The simplest idea we can form of it, while it still circulates in the vessels, while it is yet living, is to regard it as the water serving as a vehicle for inorganic substances, and an organised matter which presents itself in three distinct forms, when the blood has been removed from its vessels.

First, there is an animal matter in solution, whose characteristic property is to coagulate spontaneously—that is to say, to separate from the water in the form of a plastic matter, which is called fibrine. This coagulation constantly occurs when the blood is removed from the body; sometimes even it occurs while the blood is yet in the vessels; and during life, under the influence of morbid causes.

The second animal matter, also in solution in the water, remains in solution whether the blood circulates in the vessels or be abstracted from them: it is called albumen.

A third kind of animal matter, which is only found in the blood, and which is not dissolved but merely suspended in the water, occurs in the form of small lenticular corpuscles, 1-125th of a millimetre* in diameter, which are named the globules. They differ from the two foregoing substances, in possessing a determinate shape, and in their colour, which is red.—They consist of two constituents—one which gives the blood its colour, called *hematosine*; the other, a substance whose nature is as yet little known, and which some regard as albumen; others as fibrine.

The inorganic substances are various salts dissolved in water: they constitute what is called the solid matter of the serum. When the blood has issued from a vein, been placed in a vessel, and kept at perfect rest, we soon see it separate into two parts, distinct in their physical and chemical properties. The first is the cruor or clot, which consists of—1. The spontaneously coagulable matter of the blood or the fibrine. 2. Of the globules. 3. Of a large quantity of serum which remains in the interstices of the fibrine as in a sponge. The second portion of the blood is entirely liquid, and consists of serum—that is to say, water holding albumen and salts in solution. If, in place of abandoning the blood to itself, we whisk it with a rod when it issues from the vein, a solid matter becomes deposited on the rod; and this is the fibrine, which is thus gotten pure and disengaged of colouring matter, salts and albumen, when freely washed with water: it is it which forms the greater portion of the clot. After the separation of the fibrine, there remains a reddish liquid, consisting of the serum, in which the globules float, and the albumen remains dissolved.—The spontaneous separation of the globules and their presence in the serum, proves that they are quite independent of the fibrine: they remain quite unaltered, and have no disposition to form a clot.

The microscope discovers in the blood nothing but the globules and the intervening serum: the fibrine

* The millimetre=0.443 of a line.

and albumen being in solution, cannot be seen. We shall presently see that a knowledge of these various peculiarities affords some useful data for determining the apparent and real bulk of the clot.

It is now necessary to investigate the intimate composition of the blood more minutely. If we studied merely in a physical point of view the three organic constituents just mentioned—viz., the fibrine, the albumen, and the globules—we have seen them possess such distinctive characters, that we must physiologically deem them perfectly distinct: we need not recur to their chemical characters to separate them.

It is now maintained that fibrine is not a really distinct substance—that it is simply a modification of albumen. But the physician need not enter into the question, for however similar may be the chemical character of these two substances, their physiological differences are obvious and striking. In fact, how can we confound two substances, one of which tends to spontaneous coagulation, and the other, on the contrary, to remain in solution? Whatever their chemical identity may be, these properties must ever render them physiologically distinct.

As to the globules, every observer has recognised their existence, independent of the two elements of the blood just mentioned. But there has been much discussion as to their nature and intimate composition—some maintaining that they are nuclei of solid albumen and fibrine contained in an envelope; others that they are formed of an envelope of fibrine, containing albumen and hematosine.

In the actual condition of science, the physician who seeks for useful practical results from the analysis of the blood, should not pay too much attention to the opinions put forward as to the intimate nature of the fibrine, albumen, and globules. He should merely examine how far they are modified in quantity and quality, in the course of disease. We have just seen how simple is the mode of obtaining the fibrine. As MM. Andral and Gavaret have uniformly gotten the fibrine by the method alluded to, it is necessary to examine whether in this way we—1st, get all the fibrine contained in the blood; 2d, if we rid it of all the colouring matter and globules. Some persons not familiar with chemical analysis (reasoning from hypothesis and not from experiment), have objected to whisking the blood, as a method incompetent to separate all the fibrine, inasmuch as the blood, in virtue of various pathological alterations, will retain and yield the fibrine with variable facility. This assertion has been supported by the following experiment:—Blood from the same patient has been collected in two vessels, in one of which a small quantity of pus has been placed: the blood in both vessels being now agitated, very little fibrine coagulates from the blood to which the pus was added, while a considerable quantity is obtained from the other. And thence it is argued that some of the fibrine must have remained in solution, as the same blood was employed, while the amount of fibrine varied. This objection is easily answered. In fact it is of little importance to know whether the fibrine remains in solution: the only question is to determine the quantity of spontaneously coagulable matter which the blood contains in a certain disease; and it is undoubted that this quantity augments in some diseases and diminishes in others. The experiment just cited merely proves that certain substances, as pus and the alkalies, prevent coagulation—that is to say, the spontaneous separation of the coagulable matter, which also occurs in certain formidable diseases. We may grant that a principle may be developed in the blood, which, like pus or an alkali, may retard, or, on the other hand, may facilitate coagulation; but this does not affect the investigation, since our object is to examine if in one disease there be more or less spontaneously coagulable matter in the blood than in another. In the experiment with the pus, the same blood was used, but it was, so to speak rendered diseased. Had the same alteration occurred during life in the vessels, obviously the quantity of spontaneously coagulable matter would have diminished, which is precisely the point we seek to know in examining the blood. It is also obvious that fibrine, deprived of its power of spontaneous coagulation, can no longer discharge the same function in the economy that it did previous to such a change in its properties.

It has been also said that we cannot estimate the quantity of fibrine existing in the globules, which become entangled in the clot. But to maintain this objection we should first prove that the organic matter, which, together with the hematosine, constitutes the globules, is really fibrine—a point respecting which almost every author has a different opinion; and again, the globules are not spontaneously coagulable, and therefore they differ from fibrine in that respect at least. And again the fibrine does not really contain any entangled globules, as care is taken to wash it till it becomes colourless; and, finally, it remains to be proved that the fibrine really can entangle any of the globules.

In order to determine the alterations in the quantity of the fibrine, and of the other elements of the blood during disease, it is first necessary to know their natural quantity. But here it is alleged that the natural quantities of the fibrine especially, are not determined; in proof of which are cited the numerous variations of different authorities as to the quantity of fibrine naturally existing in the blood. To this we may reply—first, that the authors do not specify the conditions of the individuals from whom the blood submitted to analysis was obtained: and as it is probable that the blood was procured from persons labouring under disease, we need not be surprised at the variations alluded to. Fourcroy says, that the quantity of fibrine oscillates between 1 and 4.3; but he does not mention what was the physiological condition of the blood yielding the latter number. The number representing the mean quantity of fibrine is 3. MM. Lecanu, Dumas, and the chemists, the most experienced in the study of the alterations of the fluids, have adopted that number, as have also MM. Andral and Gavaret, as truly representing the normal quantity of firine, which may, however, oscillate between $2\frac{1}{2}$ and $3\frac{1}{2}$.

The simple method of analysis now in question, evidently, by no means, gives us information as to the intimate nature of the phenomena: it is but, to use the phrase of Bordeu, a medicinal analysis of the blood. But this analysis is the more useful to the physician the easier it is, and the more readily it allows us to quickly determine the alterations of quantity of the three chief elements of the blood, viz., the fibrine, the globules, and the serum.

The object, in fact, is not to introduce into the practice of medicine long and difficult chemical researches which could not be made available for the diagnosis of disease: what the physician requires is some easily executed method of ascertaining the most obvious changes that occur under the influence of disease in the chief elements of the blood; to determine, for example, that in an inflammation, such as pneumonia, the blood undergoes a change quite dissimilar

to that occurring in other diseases, as, for example, small-pox and typhus fever.

Various methods indicated in the systems of chemistry, have been proposed for determining the proportions of the different constituents of the blood.

MM. Andral and Gavaret have adopted the method followed by MM. Lecanu, Prevost, Dumas, and most chemists of the present day; and the proportions obtained by this method are as follow:—

In 1000 parts of blood we have—

Fibrine	3 parts
Globules	127 do.
Solid constituents of serum	80 do.
Water	790

It is important to recollect each of these numbers, because they represent the physiological condition of the blood, and the effects of diseases are to cause the natural quantity of one or more of these constituents to vary; and the pathological history of the blood consists in the study of these variations. The period is now gone by when the examination of the clot and of the serum was deemed sufficient to enable us to form an opinion as to the nature of disease; and if such examination is now more profitable than it was a few years since, this arises from our being better acquainted with the physiological and pathological conditions of the blood than we were; and we can thus avoid errors formerly committed. In fact, the study of the alterations of the blood has convinced M. Andral that the clinical conclusions deduced from the relative proportions of the clot and serum are often erroneous, and the error arises from the notions hitherto held respecting coagulation of the blood and the composition of the clot. It has been already stated that the blood separates into the solid clot and the liquid serum, the clot consisting of the fibrine and globules, and some entangled serum. At first sight it might be thought that a bulky clot indicated a large quantity of fibrine and globules, but such is not the case, as the bulk varies with the quantity of included serum; the apparent volume of the clot must be distinguished from its real volume, which is represented by the dried clot which contains nothing but fibrine, globules, and solid contents of the serum. The consistence depends on the quantity of fibrine, and the quantity of serum which that fibrine has imbibed. There is little serum when it is dense, and a larger quantity when it is soft.

The serum of the blood consists of 1 water; 2 the organic substance called albumen, and another animal matter, as yet imperfectly known: 3d, certain salts and a free alkali. The principles common to all animal matter, viz., oxygen, hydrogen, nitrogen, and carbon, exist in the elements of the blood; but it is most remarkable that three other simple substances exist in the blood—they are phosphorus, sulphur, and iron. The iron is a constituent of hematosine; the phosphorus and sulphur of the albumen and fibrine.

Of the Pathological Conditions of the Blood—Division of the Subject.—There are two alterations of the blood which may be separately studied—the alterations of quantity, and the alterations of quality. The first, as yet, but little known; it is not, for example, proved that there is in plethora an absolute increase of the mass of the blood. Usually, the study of the alterations of the blood is commenced by the description of the alterations in the physical qualities of the liquid; and the study of the alterations in its composition are subsequently considered. M. Andral adopted the opposite course, because, in point of fact, the alteration of the physical properties cannot be understood without a knowledge of the alterations of composition. It would be impossible in any other way to discover, for example, the real mode of production of the buffy coat, and to deduce from it, semeiologic and therapeutic characters of any value.

There are two classes of alterations of composition—the first comprising modifications of the principles which naturally constitute the blood: these principles may be modified in a two-fold manner. 1. In proportion. 2. In nature. The second class comprises the alterations of composition by the addition of new principles to the blood, which do not naturally exist in it, (bile urine, urea, milk, pus).

The study of the alterations of quantity should be followed by the microscopical investigation of the blood; and when the blood has been thus examined, the changes in its physical qualities should be investigated.

The analytic study of the blood being completed, its synthetic history should be constructed, and the pathological alterations, which it sustains in disease, should be connectedly set forth. It is in this latter part of the vast field which M. Andral has sketched out, that he proposes to enter the developments necessary to shew the numerous and important applications which may be made of the analysis of the blood in determining the nature and treatment of diseases.

Before entering on the study of the blood in disease, it is necessary to make allowance for two influences which almost always exist in every malady, viz., low diet, and loss of blood. These influences, it was said of old, diminished the solid, and augmented the aqueous elements of the blood; but this general proposition is of little value unless we specify what are the elements thus modified. Analysis has shewn M. Andral, that it is the globules that are diminished—that it is only at a very late period, and slowly, that the quantity of firine commences to diminish. Two cases must be distinguished in estimating the influence of loss of blood.

1st. The case of acute diseases, in which we practice moderate bleedings, and put the patient on low diet. Here the globules alone diminish, and the quantity of the fibrine is not sensibly affected.

2d. Where the patient is exhausted by profuse hæmorrhages, or dies of inanition. In such cases the fibrine diminishes in quantity, but only in common with the other elements of the blood: the water alone always augmenting. In a case of abundant uterine hæmorrhage the globules fell to 21 (the natural quantity being 127). There was 1.8 of fibrine; solid contents of the serum, 61; water, 915.

It is important to observe that the various elements of the blood may become modified relatively to their respective proportions, and that they may become modified isolatedly and independently of each other. Thence, in either case, there results a derangement of the equilibrium of the several elements of the blood. Rarely are all the elements simultaneously affected; one or two only are usually modified. The extreme limits of variation that have been observed in each element are as follow:—In 1000 parts of blood the fibrine has fluctuated from 0.9 to 10; the globules from 21 to 185; the solid contents of the serum from 57 to 104; the water from 725 to 915.

Alterations in the Quantity of the Elements of the Blood in the Phlegmasiæ—Augmentation of the Quantity of Fibrine.—The quantity of this element may vary in the physiological state of the blood from 2½ to 3¼. The augmentation of the quantity of fibrine constantly occurs in the acute phlegmasiæ, of which it constitutes the best character. The conditions necessary for this augmentation are the acuteness of the inflammation, and the existence of fever. It may be asked—is the fever the cause of the augmentation? and the more so as the quantity of the fibrine seems

to be in relation to the intensity of the fever; but it is certain that it is not the fever itself that is the cause of this, but that it arises merely from the fever being proportional to the intensity of the local inflammation. Local inflammation then must exist in order that the quantity of fibrine shall be preternaturally augmented; but we must except from this rule the local inflammation accompanying small-pox and the ulcerations of the glands of Peyer.

The augmentation of the quantity of fibrine is so certain an index of inflammation, that if in any disease we find the fibrine exceed 5, we may confidently pronounce that inflammation of some organ exists. A patient was admitted to hospital with signs of congestion of the uterus: on venesection the quantity of fibrine was found to exceed the natural limit; it was pronounced that an inflammation existed, of which nevertheless the symptoms up to death were very doubtful; on dissection an abscess was found between the womb and rectum. In another case, equally doubtful, the fibrine was represented by 7, a perfectly characterised pneumonia existed. A patient laboured under scarlatina; he was bled, and the blood contained 7½ of fibrine—that is to say, an augmentation in the quantity of fibrine only met with in the phlegmasiæ; after death the existence of nephiritis was discovered. Numerous similar examples might be cited to demonstrate that a diagnosis may be based solely on the knowledge of the quantity of fibrine contained in the blood.

The mean amount of augmentation of the fibrine in the phlegmasiæ may be stated at 7, the minimum at 5, and the maximum at 10½. In cases of pulmonary tubercles, the maximum is equal to the minimum in other phlegmasiæ; but this only in the third stage of the malady, when pleurisies, and inflammations of the pulmonary tissue exist; and the question arises whether it is not on these that the augmentation of the quantity of fibrine depends.

We have now to examine whether any organic or other condition may not modify these conditions of the blood.

A. Influence of the Constitution.—What influence, for example, does the constitution of the individual exert? We must, in reply, first observe that the augmentation of the fibrine is constant, whatever may be the several conditions of the economy. According to the generally received notions, the strong and robust constitution of an athletic man should tend to augment the quantity of fibrine in the blood of such a subject if attacked with a phlegmasia. But such is not the case: the amount of fibrine is not greater than in an individual of feeble constitution. Such individuals are not more prone to contract inflammations; on the contrary, feeble and debilitated persons are more liable to inflammations than robust men, because, as we shall presently see, their blood contains a smaller amount of globules, and consequently the amount of fibrine is relatively greater than natural. Thus debility, diminution of the quantity of globules, and consequently relative diminution of the quantity of fibrine (though the absolute quantity of fibrine remains natural), creates a disposition to inflammation. This fact, indeed, is already familiar to sagacious practitioners, who see, daily, inflammations reappear with the most mischievous pertinacity in patients enfeebled by antecedent disease.

B. Influence of Concomitant Diseases.—Maladies co-existent with an inflammation do not prevent the fibrine augmenting, and often considerably. Thus in chlorotic females, the fibrine often rises to 6 or 7, when an inflammation sets in.

C. Influence of the Situation of the Inflammation.—Whatever is the seat of the inflammation the quantity of fibrine augments; the maxima have been found in pneumonia and rheumatism, in which latter disease the maximum is 10, the minimum 4½. In 46 cases of acute rheumatism the amount of fibrine was as follows:

In	1	case,	Fibrine,	10
—	2	——	——,	9
—	4	——	——,	8
—	8	——	——,	7
—	19	——	——,	6
—	5	——	——,	5
—	2	——	——,	4
	41			

In *pneumonia* the maxima and minima are the same as in rheumatism. The fibrine in 52 abstractions of blood gave the following results:—

In	2	patients,	Fibrine,	10
—	9	——,	——,	9
—	13	——,	——,	8
—	11	——,	——,	7
—	7	——,	——,	6
—	7	——,	——,	5
—	3	——,	——,	4
	52			

Pleurisy.—Several cases must be here distinguished.

1st. The pleurisy commencing, and without effusion.

2d. It is recent, and with effusion.

3d. It has existed some time, and with effusion.

In the two first cases the quantity of fibrine is augmented, but much less so than in pneumonia, and seldom exceeds 6.

In the third case it varies from 4 to 5, and may descend to 3½.

In peritonitis the results are the same; but, in the acute form, the fibrine oscillates from 5 to 7. In old effusions into the peritoneum it falls to 5, or even below 4; whence it follows that we must distinguish in inflammation of the serous membranes the cases where the inflammation is in progress, and those in which it has already terminated and has produced its effects.

In acute *amygdalitis* the fibrine amounts to between 5 and 7; in slight cases, without fever, it falls to 3½. In a case of phlegmonous erysipelas of the leg it amounted to 7.

D. Influence of the Nature of the Disease.—Whether the inflammation be a simple hyperemia, or whether it has produced softening or any other alteration, the fibrine is constantly increased in quantity.

E. Period of the Disease.—The increase of the quantity of fibrine is observed in the commencement of diseases. In 17 cases of pneumonia, M. Andral noted 2 cases at the second day of the disease (fibrine 4 and 6), 2 at the third day (fibrine 5 and 7), 9 at the fourth day (fibrine 5½, 6, 7, 8), 1 at the fifth day, (fibrine 7), 1 at the eighth day (fibrine 9), 1 at the tenth day (fibrine 8), 1 at the eleventh day (fibrine 9). The same holds in other inflammations, the fibrine augmenting from the commencement.

It may be asked does the fibrine increase in quantity before the invasion of the inflammation? Is the explosion of the inflammation delayed until there is an excess of fibrine in the blood? Or is it the local inflammation which produces the augmentation of fibrine? These questions cannot be answered in the present state of our knowledge. In two cases, a patient was bled previous to the commencement of an inflammation, and there was no augmentation in the quantity of the fibrine.

F. Influence of the Progress of the Disease.—As the disease augments the fibrine augments also, and diminishes as the disease declines, following, in fact, all the phases of the malady. Thus, in a very intense

pneumonia, venesection was performed, and the fibrine was represented by 8.9. The disease augmented; two other bleedings were performed, and the fibrine amounted to 10. Resolution now commenced, and the patient being again bled the fibrine was found to have fallen to 5. The fibrine, in fact, increases or diminishes in quantity with every exacerbation or remission of the disease. Thus, in a case of acute rheumatism, the results were as follow:—First bleeding, fibrine 6.2; diminution of fever and pain, fibrine 3.7; relapse, fibrine 6. The disease assumed the chronic form, and the fibrine returned to its natural standard of quantity.

G. Influence of Convalescence.—The fibrine sometimes remains slightly augmented in quantity during convalescence; in ordinary cases it returns to its natural standard. We might be tempted to conjecture that the augmentation of diet was the cause of the amount of fibrine remaining elevated; but we must reject this notion when we recollect that the fibrine often augments despite absolute denial of food, and diminishes though generous diet is allowed.

H. Influence of Blood-letting.—The rule is that the quantity of fibrine augments, notwithstanding blood-letting, and that, during a certain time; we must not thence conclude that venesection is useless, but that it cannot on the instant counteract the disposition in the economy to generate fibrine.

Quantity of Fibrine in Phthisis.—The fibrine augments in quantity only in the latter stage of pulmonary tubercles, but this augmentaion is never considerable. It is, however, very remarkable that any augmentation should occur despite the imperfection of sanguification; the increase probably depends on the numerous partial inflammations that occur round the points of softened tubercular matter.

Accidental Products.—In a case of cancer of the uterus the fibrine amounted to 5, as it did also in a cancer of the stomach. In a case of cancer of the ovary the fibrine amounted to 6; but these diseases are often complicated with inflammations and their alterations, and no definite rule can be established until a much larger number of cases have been examined.

Augmentation of the Quantity of Fibrine during Pregnancy.—The observers of every age have been struck with the disposition of women after confinement to become affected with purulent inflammations. To judge from pathological observations it would seem natural to admit that the quantity of fibrine augments in women recently delivered, because the fibrine employed in the nutrition of the fœtus being no longer applied to that destination, might be supposed to prepare the way for, and lead to, the development of inflammation. Such is the conclusion to which pathological and physiological considerations would lead us. MM. Andral and Gavaret have commenced a series of experiments on this subject, and their first results are as follow:—

28 women, all in good health, were bled at various periods of pregnancy. If the whole term of pregnancy be divided into two periods, one from the first to the sixth month, the other extending to the ninth month, we find during the first period 2.6 for the mean of the fibrine, its minimum 1.9, its maximum 2.7. Between the sixth and seventh months the amount of fibrine was 4.2; at the seventh and eighth months the fibrine returns to 3.1, its physiological standard. In the six first months the fibrine was always below the natural mean. From the seventh to the ninth month it returns to what it was between the sixth and seventh months. We thus see that there is a tendency to augmentation of the quantity of fibrine, especially between the sixth and the seventh months on the one hand, and the eighth and ninth months on the other, which explains the frequency of the disposition to inflammations. These researches are merely first attempts, which must be rectified or confirmed by ulterior experiments.

In the next lecture those diseases will be examined in which the fibrine is diminished in quantity—hæmorrhages, congestions, pyrexiæ.—*Gazette Medicale de Paris.*

ACADEMY OF SCIENCES.—June 7.

ON THE CONSTITUTION OF ATMOSPHERIC AIR.

By MM. Dumas and Boussingault.

If we except the carbonic acid, carburetted gases, and accidental vapours, air consists of oxygen and nitrogen, in proportions which appear nearly constant.—This is generally admitted, and the invariability of composition, explained by supposing that the green parts of plants, under the influence of solar light, decompose all the carbonic acid generated by the respiration of animals or the putrefaction of organised beings. The constancy of the composition of the atmosphere would thus afford the measure and the proof of one of the most beautiful natural harmonies, which, by connecting the two organic kingdoms through the medium of the atmosphere, thus places them in mutual dependence on each other.

All chemists, however, are not convinced that the composition of the air is constant, nor even that it is a mixture of oxygen and nitrogen.

Some, as Prout, Doebereiner, Falkner, and Thomson, consider the constancy of the constituents of the air as so thoroughly demonstrated that they regard the atmosphere as a true chemical compound, consisting of 20 volumes of oxygen and 80 of nitrogen. The confidence of the learned Glasgow professor on this point is even so great that he has thence deduced the densities of oxygen and nitrogen, which have served as a basis to his entire system of the atomic theory.

Others (and we must place in the first rank the illustrious founder of the atomic theory, the venerable Dr. Dalton) regard the atmosphere as a variable mixture of oxygen and nitrogen—richer in oxygen in the regions we inhabit; the nitrogen preponderating in proportion as we ascend in the atmosphere. Dalton is convinced of this as of a mathematical truth.

His opinion is, indeed, founded less on experiment than on calculation—which latter method, under a somewhat different form, has led M. Babinet to analogous results. According to these views, the air consisting at Paris of 21 oxygen and 79 nitrogen, the following would be its composition at different elevations:—

Metres.	Oxygen per Cent.
0	21
2,000	20.46
6,000	19.42
10,000	18.42

The calculations of MM. Babinet and Dalton disagree with all the experiments hitherto performed, and particularly with those of M. Gay Lussac, on the air collected in his memorable æronautic ascent—with those executed by M. Boussingault, at considerable elevations in America—and, finally, with the numerous experiments of a chemist of approved sagacity and skill (Professor Brunner, of Berne), performed on the summit of Faulhorn, during a protracted sojourn made with the express view of determining this point.

Thus some chemists consider air as a true chemical compound, consisting of 20 oxygen and 80 nitrogen. Others regard it as a mixture of 21 oxygen and 79 nitrogen. And, finally, we have natural philosophers maintaining that its composition varies with the elevation.

These discordant opinions are not calculated to inspire much confidence in the method commonly employed for the analysis of the air, as they indicate that experimenters believe that they perceive sufficient sources of error to justify them in attaching little importance to known analyses.

Our uncertainty increases when we know that the analysis of air agrees perfectly with the densities of oxygen and nitrogen given by Berzelius and Dulong—densities evidently incorrect, as will be seen further on.

It is not merely to ascertain a historical fact, to be bequeathed to posterity, that it becomes necessary to submit the composition of the atmosphere to a new examination, sufficiently accurate to inspire the learned world with some confidence in the result.—The respect due to one of the last wishes expressed by Laplace, and the execution of which he confided to this academy, gives a fresh impulse to the research, which in itself has become absolutely necessary; for some of the most delicate theories of science seem to meet at the question of the composition of the air, only to stumble against it and disagree.

Thus Drs. Prout and Thomson consider that the densities of all the gases are expressed by simple multiples of the density of hydrogen; that nitrogen is fourteen times heavier than hydrogen; oxygen sixteen times heavier than it; and, finally, that nitrogen and oxygen exist in the atmosphere exactly in the proportion of one to four by volume.

As each of these three points was open to the same doubt, we were compelled to adopt methods absolutely independent of the numbers hitherto admitted as representing the density of oxygen and that of nitrogen. We had also to avoid basing our analysis of the air on the composition assigned to any compound that we should produce through its aid, for then it would have been necessary to base our calculations on the data of anterior analyses; and, without questioning any of the facts admitted in science, we thought it right to render ourselves independent of all circumstances foreign to the precise point which we sought to determine.

All these conditions were combined by the employment of a method very simple both in conception and execution, and which indeed contains nothing new save that the gases were weighed in place of being measured.

A globe, empty of air, being provided, was placed in communication with a tube filled with metallic copper, reduced by hydrogen, and furnished with stop-cocks, by which it could be exhausted. The weight of the tube was exactly determined.

The copper being heated to redness, the stop-cock by which the air was to be admitted was opened, on which the air rushed in, and on the instant yielded its oxygen to the copper. After the lapse of some minutes, the second stop-cock (that communicating with the globe) was opened, and the nitrogen passed into the exhausted globe. The stop-cocks remaining open, the air passed in, losing its oxygen in proportion as it passed through the tube, and consequently pure nitrogen arrived at the globe: when the globe was full, or nearly so, all the stop-cocks were closed. The globe and tube full of nitrogen were weighed, and being exhausted were again weighed. The difference of the two weights gave the weight of the nitrogen. The weight of the oxygen was obtained by the excess of weight which the tube containing the copper acquired during the experiment.

We do not at present insist on the precautions which we conceived necessary in weighing the globe when full of nitrogen and when empty: they will be more fittingly noticed when discussing the methods adopted for controlling the densities of oxygen and nitrogen. It is, however, right to state on what is founded our confidence in the basis of the method—that is to say, the total absorption by the copper, of the oxygen of the air which traversed the tube.

It is sufficient to witness the progress of the experiment to be fully satisfied on that head: in fact the air is suddenly deprived of its oxygen on entering the tube. The oxydised copper forms a very limited zone, and after the most protracted experiments the oxidation did not extend beyond a space of two or three centimetres. Almost the entire tube still contained, at the termination of the experiment, metallic copper perfectly brilliant and eminently fitted to absorb the last trace of oxygen. We did not, however, wish to depend on these appearances. And all being disposed as usual, we tripled the velocity of the current of air in the apparatus, and tried if, under that unfavourable condition, it had retained any oxygen: it had not retained a trace. In fact we passed the whole of the nitrogen through a tube containing an ammoniacal solution of protochloride of copper perfectly colourless, and the liquid did not assume the faintest tinge of colour. But the minutest trace of oxygen would have turned it blue.

All our experiments executed by this process, and on a large scale, confirmed, without exception, the composition of the air admitted by the French chemists, and founded on the eudiometric experiments performed thirty-five years since by MM. de Humboldt and Gay Lussac.

We shall not detail all our experiments, but merely those which were performed when the experience acquired in the manipulation of the apparatus allowed us to attain the precision necessary to render our experiments satisfactorily comparable with each other. And it is right to mention that, according as we made trifling causes of error disappear, which were at first overlooked, the apparent differences in the composition of the air disappeared; and we could not but regard as errors of observation the differences which at first seemed to belong to the composition of the air itself.

The air submitted to analysis was drawn up through tubes of glass from the garden of my laboratory, adjacent to the Jardin des Plantes. When two analyses were simultaneously performed, the two tubes terminate at the same point, and consequently drew in air from the same layer.

Six simultaneous experiments, performed in pairs, gave the following results:—

		Small Globe.	Large Globe.	
April 27, ...	Oxygen ...	22.92	22,92	Per 100 of air by weight.
— 28, ...	— ...	23.03	23.09	
— 29, ...	— ...	23.03	23.04	
Mean ...	...	22.993	23.016	

And taking the mean of the six experiments we get

Oxygen	23.010	or 23
Nitrogen	76.990	or 77
	100.000	100

as the composition of the air, by weight, in the circumstances under which we operated.

In an experiment performed on air of the laboratory, but 22.3 of oxygen, per cent., by weight was found in the air. This difference, scarcely appreciable by ordinary eudiometric methods, is so considerable in our process that it could not escape the most careless observer. But we shall defer to another occasion researches relating to vitiated air, which we propose to undertake with a view to physiology and hygiene.

We have found, then, that in fine weather, at the latter end of April, the natural composition of air was 2300 oxygen and 7700 of nitrogen by weight.—This fact being independent of all corrections, of any

co-efficient, and of all hypothesis, may serve for the discussion of some most important numbers—namely, the density of nitrogen and of oxygen. In fact, it follows that, taking

2300 Oxygen,
7700 Nitrogen,

10,000 Air,

and dividing each of these numbers by the respective densities of oxygen, nitrogen, and air, we should find a fitting agreement in the volumes thence deduced.—But as the density of air is unity, 10,000 air by weight represents 10,000 by volume, which should form the sum of the volumes of 23.00 oxygen and 7700 nitrogen. We would then have

$$\frac{2300}{1.1026} + \frac{7700}{0.976} = 10{,}000$$

if the densities of oxygen and nitrogen given by Berzelius were correct. But we have, on the contrary, on the one hand,

10,000 parts by weight of air = 10,000 volumes,

and, on the other hand,

7,700 parts by weight of nitrogen = 7,889 volumes,
2,300 ——— oxygen = 2,086 —

9,975 of air.

The volume of air which should be equal to 10,000 amounts then only to 5975, which implies an error 25–10,000ths. But as such an error was not, we think, possible in our experiments, we deemed it necessary to determine, with the utmost care, the density of oxygen and of nitrogen.

The principle which we adopted gradually led us to numerous essays; but we hope that there has thence resulted a method calculated to introduce into such researches a precision only limited by the capacity of the vessels employed, which is restrained within certain bounds difficult to pass.

The density of a gas may be estimated by comparing the weight of the air which a globe loses, when it is exhausted, with that of a gas introduced into the globe to supply the vacuum. This method is very convenient, and is usually employed; but it necessitates the previous collection of the gas in a reservoir, whence it may be passed into the globe. We wished, however, to avoid this antecedent preparation of the gas, and its preservation in recipients—a practice attended with numerous difficulties as regards the purity of the gas, because of the interchange of air and gas that occurs from the liquid being saturated with air.

We consequently adopted the following method:—The gas was prepared so as to arrive pure and dry at the extremity of a tube communicating with an exhausted globe. On turning the stop cock, the globe became filled with the gas. The generation of the gas and its passage into the globe was regulated so as that the pressure in the apparatus for the generation and purification of the gas always exceeded the atmospheric pressure.

When the globe was full of gas, it was exhausted and again filled, and then it was supposed to be filled with pure gas, a supposition attended with no error that the balance could detect.

The weighings must now be effected, and they are three in number. 1. The weight of the globe full of gas. 2. That of the globe, when exhausted.—3. That of the globe full of dry air; and they give—first, the weight of the gas; secondly, that of an equal volume of air.

It still remained to ascertain the proper temperature of the gas and that of the air surrounding the globe while the weights were being taken. Here we have no doubt lies the secret of the differences in the densities of gases, as determined by so many illustrious natural philosophers and chemists—differences so great that no one has ever attempted to assume their mean as the truth.

To ascertain the temperatures with facility, constancy, and certainty, we introduced into the globe a thermometer constructed by M. Danger, which admits the hundredth of a degree to be read off. The stem of the thermometer was engaged in a tube interposed between the socket of the globe and its stop cock, so that the exact temperature of the gas can be seen without disturbing the globe, from the enclosure in which it is allowed to assume an equilibrium of temperature.

This enclosure consists of a large cylindrical vessel of zinc, whose inner and outer parietes are separated by a space of 2 decimetres, the interposed annular space being filled with water. The orifice of the vessel is closed by a movable lid, which also contains in its thickness a layer of water, 2 decimetres in thickness.

The globe, when placed in this vessel, is consequently surrounded by an envelope of water 2 decimetres in thickness, the temperature of which is known within about the 100th of a degree; and by noting when the indications of the thermometer in the globe coincide with one placed in the water, we know that the gas is at the same temperature as the water within the 100th of a degree.

It would be useless to carry accuracy in this respect further, as with the largest globes an error of the 100th of a degree corresponds to an error of weight of but 7-10ths of a milligramme, a weight inappreciable with a ballance loaded with 1 or 2 kilogrammes.

When the stop-cock of the globe is closed, the pressure of the gas is known to the twentieth of a millimetre, as it is equal to that of the external air as indicated by the barometer, its temperature too is known to the 100th of a degree.

To ascertain the exact weight of the globe the same kind of precautions are necessary.

When the globe is suspended from the balance, and the observer approaches to weigh it, he heats the globe and the surrounding air; currents are established, and the apparent weight of the globe varies without rule, and within limits which destroy precision.

We employed a balance of Fortin's construction, and manufactured by M. Deleuil, it was placed in a large case lined with lead, within which was placed a layer of quick lime to maintain the air in a constant hygrometic condition. When the globe was suspended from the balance, and the door of the case shut, it was shielded from all external radiation. A thermometer, marking 100dths of degrees, placed beside the globe gave the temperature of the air within the case, and a barometer placed beside it indicated the pressure.

Generally we were unable to weigh a globe twice in succession, so as to obtain the same apparent weight; but generally also the temperature of the air in the case had sustained a change of some hundredths of a degree, and the correction being made, the weights coincided. If the observer did not estimate the temperature of the air as accurately as we did, he would be induced to take a mean of weights apparently discordant, and the mean would be erroneous; for the weights were in reality accurate and only required a correction for temperature, to agree perfectly with each other.

By this process we took the density of oxygen, and that so frequently, that we are satisfied to conviction that the density, 1.1026, given by Berzelius and Du-

long, is more erroneous than any other estimate, as indeed Dulong himself feared.

Our last experiments, performed with every possible precaution, were made on oxygen prepared with concentrated sulphuric acid and peroxide of manganese.

The gas was purified by being passed through a solution of potash, and then dried by transmission through concentrated sulphuric acid.

Density of Oxygen.

1st experiment	...	...	1.1055
2d ———	...	...	1.1058
3d ———	..	...	1.1057
			3.3170
Mean	...	...	1.1057

This value coincides almost exactly with the density adopted by M. Th. de Saussure 1.1056. It also approaches nearly to the old determination of MM. Arago and Biot, 1.1036, and if this number be somewhat lower than ours, this, doubtless, arose from the gas which M. Gay Lussac prepared with so much care for these philosophers, having become mixed with a little air while traversing the water through which it was passed.

The correction which we have thus made of the density of the oxygen, far from establishing an agreement between the composition of the atmosphere, as accurately determined by our experiments, and the densities of oxygen and nitrogen augments the difference already signalised. In fact we have—

$$\frac{2300}{1.1057} = 20.80 \text{ vol. oxygen}$$

$$\frac{7.700}{0.976} \quad 78.89 \text{ vol. nitrogen.}$$

99.69 vol. air in place of 100.00.

That is to say, with our determination of the composition of the air, our density of oxygen, and the density of nitrogen of MM. Berzelius and Dulong, we cannot represent the density of the air. The error is enormous, for in so important an element ½ per cent. is an enormous error.

The error arises from this, that MM. Berzelius and Dulong having admitted the composition of the atmosphere to be pretty nearly what we have determined it to be, compensated, by exaggerating the density of nitrogen, the too low density which they admitted for oxygen.

We ascertained the density of nitrogen by means of nitrogen obtained from the air itself through the medium of copper, the carbonic acid and water being absorbed by potash and sulphuric acid. Three experiments gave the following results:—

Density of Nitrogen.

1st experiment	..	...	0.970
2d ———	...	...	0.972
3d ———	...	...	0.974
			2.916
Mean	...	...	0.972

Adopting this density, that of oxygen, and the relation in weight by which we have represented the composition of air, we obtain the following numbers:

$$\frac{2.300}{1.1057} = 20.80 \text{ vols. oxygen.}$$

$$\frac{7.700}{0.972} = 79.22 \text{ vols. nitrogen.}$$

100.02 vols. air,

Which represents within 2-10000ths the density of air taken as unity.

If we take the numbers given by experiment, we have—

$$\frac{2.301}{1.1057} = 20.81 \text{ vols. oxygen.}$$

$$\frac{7.699}{0.972} = 79.19 \text{ vols. nitrogen.}$$

100.00 vols. air.

Which is an absolute agreement.

However we admit it to be a sufficiently accurate expression of the composition of the air to consider as consisting of 20.8 vols. oxygen, and 79.2 nitrogen.

This result, it will be seen, is little different from the common opinion, and yet it requires most serious corrections in the densities of oxygen and nitrogen to bring out the composition of the air by weight.

If we, for a moment, regard the air on which we operated, as air in its normal condition, we may regard the composition of the air as perfectly established within a thousandth part, whether by weight or volume.

But the composition of the air should vary. When it rains, the water, when condensed, dissolves and carries away more oxygen than nitrogen: when it freezes, the water yields up these gases: when the water evaporates, it also restores them to the atmosphere. Combustion, the respiration of animals deprives the air of oxygen; and the green parts of plants, under the influence of solar light, daily restore it again. These causes, and doubtless many others, tend to disturb the equilibrium of the elements of the atmosphere at any given point; some acting in one direction, others in the opposite one. It remains then to know whether the tendency of the gases to mix, aided by the vertical currents produced by difference of temperature, and by the winds acting horizontally, do not rapidly efface the local action of the causes just indicated.

Experiments directed to solve this question would, to lead to a positive result, require time which we have been yet unable to command, and apparatus which we do not yet possess. In any attempts, then, which we have made, we have had chiefly in view the determining the limit below which it is useless to undertake such experiments.

All the experiments hitherto mentioned were performed in dry weather, but we repeated them on a rainy day; as the oxygen of the air is absorbed by water in larger proportion than the nitrogen, that circumstance should produce a greater difference than any other which we could conjecture. We were unfortunately unable to realise our wishes, except at a somewhat remote period from our first analysis. The results were as follow:—

Weight of oxygen,	...	5.648	23.015
Weight of nitrogen,	In the tube, 0.052	18.872	76.985
	In the globe, 18.840		
Air analysed,	...	24.540	100.000

Thus while the mean of our six experiments on air, while the weather was fine, gave—

23.010 oxygen in 100.000 air,

that collected during continuous rain yielded—

23.015 oxygen in 100.000.

That is to say exactly the same proportion. It may be supposed, it is true, that the difference of season compensated the difference produced by the rain; but such differences are too delicate to be detected except by a succession of experiments carefully executed in a laboratory consecrated to such meteorological researches. It is, however, at least demonstrated

that the variation of the oxygen under the influence of air does not amount to a thousandth part—a result which we may explain if we choose by supposing that the rain before descending within four metres of the ground; the height at which we collected the air, was already saturated while traversing the higher portions of the atmosphere. In such a case analysis would teach nothing unless the tube furnishing the air for analysis was elevated to a considerable height by being attached to a balloon.

Does the quantity of oxygen vary with the elevation? Hitherto we have no reason to suppose that it does, while positive experiments indicate the contrary.

The air collected by M. Gay Lussac at an elevation of 7000 metres was analysed by that illustrious philosopher, M. Thenard. It was not then, as it is now, known how readily hydrogen becomes mixed with air on contact with water; consequently, the analysis indicates a slight excess of oxygen, 21.2 after all corrections. But as the precaution was taken to analyse at the same time, in the same manner, and with the same hydrogen, air collected in the court of the Palais Bourbon, it is demonstrated, by the identity of the results, that air collected at the surface of the earth, and at the height of 7000 metres, were similarly constituted within the limits of eudiometrical precision.

The numerous analyses performed in America by M. Boussingault give the following mean results:—

	Metres.	Oxygen per 100 vol.
At Santa-Fe de Bogota, ...	2650 ...	20.65
At Ibaque, .	1323 ...	20.70
At Mariquita, ..	548 ..	20.77
Mean, ...	...	20.70

These results, it will be seen, agree with our analysis of the air of Paris: the differences, at least, are not of the order indicated by the theory, the calculations, and even the experiments of Dalton.

Dr. Dalton has, in fact, published varied and numerous experiments, whence it results that the relation of oxygen and nitrogen is not the same at all localities, but varies with the seasons and the elevations. His experiments tend to shew that as we ascend in the atmosphere, the oxygen diminishes very decidedly, though less so than his theory indicates, which he attributes to the agitation of the atmosphere. The following are his results;—

	Metres.	Oxygen per 100 vol.	Manchester.
Helvellyn,	900 ...	20.70 ...	20.88
Id.	...	20.58 ..	21.10
Snowdon,	1050 ...	20.65 ...	20.80
Air obtained by a balloon.	2880 ...	20.52 ...	20.92
Id.	4500 ...	20.59 ...	20.94
Mer de Glace Chamounix.	...	20.20 ...	
	...	...	
Simplon,	...	19.08 ...	
Wengern Alps,	...	20.45 ...	
Id.	...	20.11 ...	

If we examine these numbers we shall see that the analysis of the recently-collected specimens of air is within the limits of possible error of the hydrogen eudiometer; while those performed on the air brought from the Alps, on the contrary, vary from them much. Are we to attribute this difference to an accidental alteration of the air or to a real modification in the composition of the atmosphere at great elevations? This question we are most anxious to illustrate.

For this purpose it is necessary to compare the air taken at a somewhat considerable elevation, and analysed by methods analogous to our own, with the air which we ourselves analysed: and we have used for this purpose the excellent observations of Professor Brunner, of Berne. That skilful chemist passed some weeks on the summit of the Faulhorn, a mountain of Upper Berne, in a house situated at an elevation of 1950 metres, and he daily performed an analysis of the air. As the Faulhorn and the Wengen Alps belong to the same mountain mass, M. Brunner's experiments may serve to control those of Dr. Dalton on air taken from the same locality.

At first, M. Brunner's analysis and ours appear little susceptible of comparison. He removed the oxygen by means of phosphorus, and estimated that oxygen by weight. But, as in each experiment, the weight of oxygen scarcely exceeded 120 or 130 milligrammes, he should be in error at least 100th, or even 1-80th.

As to the nitrogen, M. Brunner measured it, and calculated its weight from its density.

This method, executed on a scale evidently too small, indicated variations in the oxygen from 20.8 to 21.1 by vol. per 100 vol. air; but, as we have seen, this difference may depend on error in the weight, as it does not exceed 1-70th, and is within the limits of the presumable errors of experiment. Furthermore, the extreme numbers are identical with those obtained by eudiometrical analysis at Berne and Paris. But however difficult it may be to turn to account the individual experiments of M. Brunner, they are extremely valuable when taken together; for by combining them, so as to make them represent a single experiment, the errors of weight compensate each other; and if, as we believe, the composition of the air varies little from day to day, it matters not whether this experiment was spread over fourteen days or performed in one.

The result of the fourteen experiments gave the following as the composition of atmospheric air at the summit of the Faulhorn in July 1833:—

Oxygen,	... 1.7230	...	23.010
Nitrogen,	... 5.7649	...	76.990
	7.4879		100.000

While the mean of our analyses is also 23,010, or even if we take the result of our best experiments 23,015, such differences are clearly simple errors of observation, and are rather coincidences. We thence conclude, that the air at the summit of that mountain is identically the same as that at Paris, speaking of course within the limits that observation can attain to, that is to say, within a 1,000th part.

M. Brunner's method has been recently applied at Groningen, a locality interesting because of its distance from Paris and Berne. The observer, M. B. Kerner from inadvertence, does not specify the year in which his experiments were performed, but it seems to have been in 1839; and in the months of May and August. The results are identical, with ours and M. Brunner's, the air at Groningen containing by weight 23,998 oxygen, or 23. Consequently, without asserting that Dr. Dalton's views as to the composition of the atmosphere are ill founded, we consider it as demonstrated that the effects of the diffusion of gases, and the various causes of agitation that incessantly tend to mix the various layers of the atmosphere render any difference in the proportions of oxygen and nitrogen at various heights insensible.

But, though the composition of the air does not vary with the elevation, or at localities separated by considerable distances, the question remains whether its composition varies at two periods remote from each other?

This interesting question has already excited the solicitude of Laplace and M. Thenard; who were both anxious that an official analysis of the air should be performed from time to time, so that its actual composition at any given period should be known, and the modifications it sustained if any, should be recorded.

If the academy has hitherto neglected to discharge this task, it doubtless arose from the circumstance of the methods of analysis hitherto in use, being inadequate to its performance. We shall even shew, that our method unless suitably modified, would not hold out the slightest chance of detecting the variations which the composition of the air may sustain from causes actually in action on the surface of the globe, as their effects do not come within the limits cognisable by the old methods of analysing the air, or even by that which we have proposed.

It is not, consequently, by such methods that we can obtain terms of comparison suited to determine doubts respecting the permanence of the constitution of the atmosphere. But, it appears to us, that the weight of the litre of air so carefully determined by MM. Biot and Arago, furnishes an excellent term of comparison. If the weight be no longer the same, the cause doubtless is, that the composition of the air has been changed; but, if the weight remain unaltered, we may conclude, that the composition of the air is now the same as it was forty years since. As the weight of the litre of air has been determined within about 1–1,000th the precision of which this comparison is susceptible, exceeds that obtainable by any other method.

We have endeavoured to render the comparison as accurate as possible, by selecting a globe nearly of the same capacity as that employed by MM. Biot and Arago, by estimating the weight at the same temperature; and finally, by weighing the globe in the open air without any thermometer in its interior, that is to say, precisely as such experiments were performed before the precautions we have described were introduced.

Four experiments thus made by one of us in conjunction with M. Stas last year, gave 1,2995 as the weight of the litre of atmospheric air, while MM. Biot and Arago fixed it at 1,2991.

To obtain more certainly the weight of the litre of air, it is evidently necessary to attend to the precautions specified when speaking of the density of oxygen and nitrogen, a task which we propose to perform.

In the mean time, we may deduce 1st from the weight of the litre of air, 2d from a comparison of the analysis of MM. Humboldt and Gay Lussac with our own; that the composition of atmospheric air has not varied during 40 years. A conclusion which will not surprise meteorologists, whom long experience has taught to regard atmospheric pheuomena as less susceptible of disturbance from accidental causes than is commonly supposed.

We consider it then as demonstrated, that the relation of oxygen and nitrogen in atmospheric air is not expressed in volume by whole numbers; and that their proportion is invariable within 1–1,000 at remote latitudes, distant epochs, and very different elevations.

The phenomena of organic life, the spontaneous decompositions of animals and plants, the combustions and oxidations effected on the surface of the earth, all those events which we love to amplify in imagination, are without doubt, fortunately, facts which, so to speak, pass unperceived as regards the composition of the atmosphere. To attain the limit at which the variations effected in the atmosphere by animals, by plants, by the seasons, by rains, and by the winds, become sensible; it will not answer to determine its composition within 1–50 as was formerly done, or even within 1–1,000 as we have done; it is necessary to go much further; for it seems that, by a providential foresight, nature has not permitted the alterations of the atmosphere that can be possibly effected by the play of the forcess acting naturally on the surface of the earth, to approach, even remotely, the limits within which the life of animals and of plants can be damnified.

Some calculations, certainly not of absolute precision, but founded on several well determined data, will shew how far the approximation should be pushed to attain the limit at which the variations would become sensible.

The atmosphere is constantly agitated, the currents excited by heat, the winds, and electric phenomena incessantly mix and confound its various parts. The general mass then must be altered to enable analysis to indicate differences at different periods.

Let us now suppose with M. B. Prevost, that each human being consumes a gramme of oxygen daily, that a thousand millions of inhabitants exist on the earth, and that the consumption thus attributed to the human race is quadrupled, by the respiration of animals, and the putrefaction of organic matter.

Let us further suppose, that the oxygen disengaged by plants; merely compensates for the absorption of oxygen by causes overlooked in the preceding estimate; and it will surely be granted, that this is rating the chances of alteration of the air tolerably high.

Well then, on this exaggerated hypothesis, at the expiration of a century, all the human race, or three times its equivalent, would only have absorbed a quantity of oxygen, equal in weight to 15 or 16 cubes of copper, each side of the cube being a kilometre in extent; but the air contains a quantity of oxygen, nearly equal to 134,000 such cubes.

To suppose then that all the animals on the surface of the earth could vitiate the air they breathe in the course of a century to such an extent, as to deprive it of an 8,000th of the oxygen it naturally contains, is to adopt a supposition infinitely above the truth.

Nothing is easier than to verify this general conclusion.

The respiration of animals produces carbonic acid; which plants destroy, appropriating the carbon and liberating the oxygen. The modifications therefore sustained by the air, as regards its oxygen, are of the same order as the modifications observed in the air, as regards its carbonic acid.

But it is easy to determine rigorously the weight of carbonic acid contained in the atmosphere, by means of the general methods, proposed by M. Thenard for this purpose, which consists in weighing as a carbonate, the carbonic acid obtained from a large quantity of air measured with care. This method modified in its details by MM. De Saussure and Brunner, has established that the carbonic acid of the atmosphere varies in volume about from 4 to 6–1000ths. Supposing that this carbonic acid is derived from the oxygen of the air, and not from that which volcanos constantly emit, the difference of these numbers equal to about 2–10,000ths of a volume of air, expresses the variations which the oxygen sustains. Thus then in

10,000 volumes of air we would find 2081 } oxygen.
... ... or 2083 }

This difference would be evidently inappreciable, did we analyse 10 or even 25 grammes of air, as we did, as it would be represented by about 2 or 3 milligrammes.

By operating on 100 grammes of air, the difference

would become equal to 20 or 30 milligrammes. And operations on 1000 grammes of air it would be represented by 200 or 300 milligrammes.

To this latter limit we must arrive, if we would render the analysis of the air useful in discussing the general laws of the physics of the globe.

But, as we have no means of weighing a cubic metre of nitrogen, we must evidently convert the process we have described, into one analogous to that of M. Brunner, in which the nitrogen is measured, and the oxygen alone weighed.

For this purpose, we should place in a vault an apparatus of the capacity of a cubic metre, full of water, which should be allowed to flow out, as it was replaced by the nitrogen of the air, which should be deprived of its oxygen by causing it to pass through a series of tubes full of copper, and heated to redness. Three tubes, each containing a kilogramme of copper, will suffice to absorb the oxygen from a cubic metre of nitrogen.

By weighing those three tubes we shall determine the amount of oxygen in the air with a precision worthy of the existing state of science; for 376,000 milligrammes of oxygen will have been fixed by the copper, and by 10 experiments we may, with certrinty, determine the oxygen to a 1-300000th.

The delicate point in these experiments will consist in measuring the nitrogen at an exact temperature. By placing the apparatus destined to collect it in a cone of invariable temperature, as that of the observatory, for example, this desideratum will be effected.

To express our wish that this experiment should be performed at Paris, under the auspices of the Academy, would be simply to repeat the desire long since expressed by Laplace and M. Thenard—a wish in which every lover of science participates.

At the present epoch, we can, however, go further. New centres of scientific activity exist in France. The council of public instruction will, no doubt, cooperate with the Academy, and aid it in co-ordinating a system of simultaneous experiments to be performed on the same day, for the purpose of analysing 1 or 2 kilogrammes of air at Bourdeaux, Strasbourg, Rennes, Lyons, Toulouse, Montpellier, &c.

But furthermore, without going beyond the circle of our personal friends—without invoking the high influence of the Academy, we are persuaded that when such an experiment is organised at Paris, and when all the minute details of the arrangement of the apparatus have been determined with exactness and precision, that we could obtain the co-operation of chemists or natural philosophers, who would execute at Geneva, Naples, London, Dublin, Brussels, Stockholm, Copenhagen, &c., experiments simultaneous with those performed at Paris.

It is for the Academy to determine whether these researches justify the interest with which they have inspired some of its most illustrious members, and whether, combined with the experiments in which M. Arago is engaged by means of his double tube, they do not promise data, respecting the air, of sufficient importance to warrant our desire that they may be executed under its authority.

Our task is fulfilled: we have accomplished what we could effect with our private resources.

Our researches correct the errors committed respecting the density of oxygen and nitrogen, and fix the density of oxygen at 1.1057, and that of nitrogen at 0.972.

They shew that air can by no means be considered as a chemical compound of 20 vols. oxygen and 80 nitrogen.

They render it probable that air is an uniform mixture, at every period, in every latitude, at every elevation, of 2301 oxygen by weight, and 7699 nitrogen; or 20.81 oxygen by volume to 29.19 nitrogen.

They shew that if the atmosphere constitutes a reservoir of oxygen for the use of animals, and a reservoir of carbonic acid for the use of plants, that this magazine is so ample, so richly provided in proportion to the expenditure, that this expenditure, were it even not compensated, would be insensible as compared with the entire mass, even after the lapse of a long series of years.

It thence also follows that the chances of appreciating real differences in the proportion of oxygen and azote, by the analysis of air, are almost nil, if the analysis be not performed on about 1 or 1½ kilogramme of air.—*Gazette Medicale.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 22, 1841.

Dr. Williams, President.

ON CONGENITAL TUMOURS OF THE PELVIS.

By Edward Stanley, F.R.S., Surgeon to St. Bartholomew's Hospital.

The object of the paper is to point out the various forms of congenital tumour of the pelvis, the discrimination of which becomes important with reference to the question of their removal by operation. Four cases are related which, it is believed, embrace the chief varieties in the character of these abnormal productions, and which are arranged under the following heads:—

First, the cases wherein the tumour is composed wholly of morbid structure, such as solid fibrous tumours and membranous cysts.

Secondly, the cases wherein the tumour is composed of morbid structures in conjunction with isolated portions of perfectly-formed animal organs, having no other relation to the living being with which they are connected, than as they are dependent upon it for the means of nutrition and growth: these cases, it is added, must be considered to belong to the class of parasitic monsters.

Thirdly, the cases wherein the tumour being of the nature of spina bifida, consists of a membranous cyst, communicating with the theca vertebralis.

Fourthly, the cases wherein the tumours consists wholly, or in part, of membranons cysts, communicating with the spinal canal, but externally to the theca, between this and the surrounding bony walls of the canal.

In all the cases here described, and in others to which reference is made, the tumour was attached to the external and posterior part of the walls of the pelvis, and consequently its situation was such as to allow of its removal by operation, provided there was no objection, either from the depth of its attachments, or from the continuity of any part of it with the membranes of the spinal marrow, or other of the external organs of the body of the child to which it was united.

In one of the cases here related, the congenital tumour, of large size, was removed with complete success by the late Mr. Thomas Blizard. The tumour, which is preserved in the museum of the Royal College of Surgeons, consists of distinct solid fibrous substances, and of an isolated portion of intestine, three inches and a half in length, closed at each end, and having at one end a narrow process continued from it of the exact form of an appendix vermiformis. In the progress of the removal of the tumour, this intestine was opened, and there flowed

from its interior a fluid closely resembling meconium in its colour and consistence. The author of the paper states, that an analogous fact of the production of a fluid, exactly like meconium in its appearance, without the existence of a liver, or other distinct hepatic apparatus, occurred to his observation in the dissection of an acephalous lamb, in which, with the malformation, the liver was wanting, and the intestines were filled by a thick fluid, dark-coloured, but which, when diluted, presented the yellow colour of bile, but it had not a bitter flavour.

Mr. MACILWAIN inquired of the author of the paper whether in all the cases related, an examination of the viscera had been made, and if so, whether they were in a healthy condition?

Mr. STANLEY had only examined the first case, and could not speak positively to any of the others. In that case the viscera were normal; in the second case the child lived until it was thirteen years of age, and then died of consumption—a fact favourable to the opinion that the viscera in this case were also healthy.

Mr. MACILWAIN did not coincide in this opinion.

Dr. HODGKIN observed, that agreeing as he did with the author of the paper in the distinctions which he had drawn between the several interesting examples of congenital tumours which he had brought forward, he thought that one of the forms required subdivision. One class evidently consisted of adventitious growths, anatomically allied to the compound serous cysts, such as many ovarian cysts, fungoid tumours, and the like; another belonged to the cases of spina bifida; and a third from the structures which they contained were associated with cases in which the whole, or a part of one fœtus, had become inclosed in or blended with another. It was this class which Dr. H. believed would require subdivision, seeing that more or less of one body might be united to, or inclosed in, another, from one of two causes. In such cases as that instanced, by way of illustration, in which a part of a fœtus was found in the tunica vaginalis. In Highmore's cases, and in several others, in which such tumours, containing distinct organs, were found in the ovaries, or other parts, there seemed to be essentially the germs of two individuals: such was also the case with the Siamese twins, in which two perfect individuals were united. Other cases, however, seemed rather to belong to a class depending on a single individual, branching off, or becoming double at a particular part, as in the example of Christina Ritta, an infant, single from the waist downwards, but completely double upwards. In all the instances of this class the attachment of the supernumerary parts was to a corresponding part of the principal body, though the development of the supernumerary part might be very imperfect beyond it. Dr. H. adduced the case of a goose which he had examined, which grew up to maturity, having connected with the posterior part of its body the posterior and imperfectly-developed part of a gosling attached to it by corresponding parts. Diagrams, or a reference to preparations, would make this view, which he was not offering as novel, much more intelligible than a mere verbal allusion could do.

Mr. STANLEY inquired if any member had met with a collection of bile in a fœtus in which there was no liver, or other apparatus for the secretion of that liquid. In human fœtuses, and in an acephalous lamb, he had found a fluid exactly resembling bile in colour, although free from its bitter taste, and in these animals there was no biliary apparatus.

Dr. WEATHERHEAD considered that a previous question suggested itself before an answer could be given to the one proposed by Mr. Stanley: Was the liver the only organ which did or could secrete bile? He thought the mention of one or two facts connected with this point would decide that the liver was not an essential organ in the formation of the biliary secretion. We knew that in jaundice the urine exhibited the presence of bile in large quantities, before the surface of the body became tinged with yellow. This could be explained in one of two ways; either that the kidneys separated it from the blood, or that, in cases of jaundice, the liver ceased to secrete bile, and the kidneys took on that function. He thought the latter explanation the most likely to be correct. Magendie had shown by experiments that a very small quantity of bile injected into the venous system rapidly proved fatal; a fact which made it probable that the bile could not pass into the circulation, as was supposed, in cases of jaundice.

Dr. FURNAN remarked, that as there was no bitter principle in the fluid found in Mr. Stanley's cases, it was probable that it was not bile at all. With regard to the experiments of Magendie on bile, he believed thta it was only in those cases in which the fluid was inserted into the circulation, so as to directly reach the heart, that it proved fatal. When inserted into the vena porta, so that it could pass through the liver, no fatal result followed.

PATHOLOGICAL AND SURGICAL OBSERVATIONS ON THE DISEASES OF THE EAR.

By JOSEPH TOYNBEE, Esq. Presented by Dr. R. BRIGHT.

The present paper is the first of a series which the author hopes to lay before the society on the same subject, and contains the details of forty-one dissections of the internal ear in patients who have died in hospitals and infirmaries of various diseases, and of whose faculty of hearing, as to the greater number, at least, the author was uninformed. The following is a concise view of the state of the cavity of the tympanum in these cases:—

1. In a healthy state.	10
2. With simple thickening of the investing membrane	6
3. With bands of adhesion passing from various parts of the cavity of the tympanum, most frequently connecting the stapes to its circumference.	4
4. With slight thickening of the investing membrane, accompanied by the existence of adhesive bands.	13
5. With considerable thickening of the investing membrane and bands of adhesion.	5
6. With suppuration of the cavity of the tympanum.	1
7. With anchylosis of the base of the stapes to the circumference of the fenestra ovalis.	2
	41

"The large proportion of specimens which are undoubtedly in a diseased state," says the author, "is very surprising; but it may be less so when I state that many persons whom I have examined, and who have considered that they hear perfectly well, cannot distinguish the ticking of my watch at a distance of two and a half feet, and in some cases at four or five inches only, though the same watch can be heard by a healthy ear seven or eight feet from the head. I am, therefore, disposed to believe that the function of the ear is impaired much more frequently than is generally supposed."

The author concludes his paper with an invitation to members of the profession to inspect the preparations described in his paper.

BRITISH MEDICAL ASSOCIATION.

EXETER HALL, JULY 6.

Dr. WEBSTER in the chair.

Reports of deputations appointed at the last meeting to wait on parliamentary candidates were given to the meeting by the following gentlemen:—Dr. Web-

ster, R. Davidson, Esq.; R. Wallace, Esq.; E. Evans, Esq.; and C. H. Rogers Harrison, Esq., and ordered to be received.

The following resolutions were unanimously agreed to:—

"That an address be framed in the form of a circular, and forwarded to the individual members of the House of Commons, expressive of our views on the subject of medical reform, and inviting their co-operation."

"That an address be issued to the medical practitioners throughout the United Kingdom, pointing out the progress of medical reform, and calling on them to exert themselves on the present occasion, by explaining its objects, importance, &c., to members of parliament for their neighbourhoods."

"That a deputation be appointed to attend at the ensuing annual meeting of the Provincial Medical Association to be held at York."

The meeting then adjourned.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 14, 1841.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

This Association of the Physicians and Surgeons of England will hold its ninth anniversary meeting at York, on the fourth of August, and never, since its institution, has it met at a period so critical, or so suited to the application of its means and energies to the attainment of the objects contemplated at its foundation. Nine years have elapsed since the medical practitioners of England determined to act as a body for the promotion of the general welfare of their profession, and after these nine years we find the grievances, disabilities, and oppressive laws and regulations which affect them, still in full force and active operation. The scientific character of the members of the association has, it is true, been sustained, and a stimulus given to the cultivation of medical knowledge by the publication of several volumes of transactions; but the evils which lower the character and diminish the usefulness of the medical profession remain just as they were; and the contempt entertained by people in power for the remonstrances of this and every other body of medical men remains unmitigated. Surely, there must be some reason for this. Surely, twelve hundred educated and influential men, contributing fifteen hundred pounds annually to create a fund for the attainment of the objects for which they are associated, should be able to effect more. The publication of a volume of transactions is, it is true, important and most desirable; but it is a small return, indeed, compared with the resources of the body from which it emanates.

In the outline of the report proposed to be laid before the association by the council, the remuneration of medical men for public services is alluded to under the head of "Parochial Medical Relief," and the association is informed, "that the council has been much engaged during the present year in endeavouring to obtain an alteration in the mode of parochial medical relief, and that on the approach of the last session of parliament it appeared desirable to promote a general movement of the profession in support of the clauses which Mr. Serjeant Talfourd proposed to introduce into the government poor-law bill; and it was not until the session had far advanced, and the council had appointed special delegates to proceed to London, with power to make definite arrangements, that a series of clauses was agreed upon for production in parliament. Petitions in favour of these clauses were immediately set on foot, and the form recommended by council very generally adopted. The result has been that satisfactory indications of increased attention to the just requirements of the profession have been manifested by several leading members of the legislature; and no less than three distinct and somewhat different propositions have been entered on the journals of the House of Commons." For all this the council deserves much credit; but it must be admitted that the members of the association have little cause of congratulation when they learn that their concentrated efforts have led merely to some "satisfactory indication of increased attention to their just requirements." We repeat it, that twelve hundred and fifty men, contributing an annual fund of fifteen hundred pounds, should be able to effect something more than this; and we are convinced that they can effect more, if exertions, adequate to the attainment of the objects desired, be made.

The part taken by the association in promoting medical reform at its two last anniversary meetings, pledged its members as a body to contribute to that object, and made its attainment desirable even for the sake of the character of the body which thus espoused the cause. At Southampton the council was empowered to present petitions to parliament respecting it, and to take such other steps as circumstances might render necessary; and they did act accordingly, and made such efforts as the state of the affair justified. Yet we all know the result, and are compelled to admit that, so far from the subject having been "discussed in the Commons' House of parliament," as the council in this minute of their report fondly flatter themselves, it was scouted, counted out, and treated with every species of studied indignity. We state this to prevent persons from placing reliance upon means inadequate to contemplated ends, and to lead to the conclusion that as one method has failed another should be adopted. The council seems, indeed, to have arrived at the same conclusion, for we find them turning, as if in despair, from the late distinguished House of Commons, and appealing to the "corporations," informing them "that their proceedings would depend in a considerable degree, on the nature of the reforms proposed to be adopted by existing institutions;" to which the "corporations" replied by expressing "their strong desire to redress the grievances of which the profession complained, but that their plans were not sufficiently matured to submit them to the council; upon which the council declared that "no measure of reform can be satisfactory to the medical profession, which is not calculated to redress the grievances complained of as set forth in the report of the Reform Committee of the College of Physicians; that any measure which does not provide due protection to the members of the profession will be defective and unsatisfactory; and that no measure will meet the approbation of the profession at large which does not recognise the representative principle in the construction of the governing bodies." All this is very good so far; but to carry out the principles here asserted, vigorous and effectual measures must be resorted to, and a position assumed by the association which will show a determination to exercise its power, resources, and influence, to accomplish the objects contemplated. How this is to be done is another affair. If we ventured to suggest a course, we certainly should recommend the appointment of a committee of active, energetic, fearless men, to be entrusted with the management of the department of medical politics, while the scientific depart-

ment should be entrusted to those who, from taste, habits, connexions, and engagements, are better suited to that duty. Let this committee be called the parliamentary committee; and let their duty be, to watch the progress of all measures introduced into parliament, which are calculated, in any way, to affect the interests of the medical profession, or the institutions which are connected with it. A sum of money proportioned to the importance of the object should be placed at the disposal of this committee, and full latitude allowed for its application for the attainment of the objects in view. Five hundred pounds could not be better applied, and surely, with an income of fifteen hundred, that sum might be spared, to effect what we take the liberty of saying should be the first object of the Association. To what other purpose it could be applied so much for the benefit of the members of the Association in particular, and the profession at large in general, we are at a loss to say. Let not those inexperienced in such matters, suppose for one moment, that any thing can be effected without the sinews of war: not a step of importance can be taken without that indispensable requisite. All that could be effected by pamphlets, essays, reports and leading articles, has been effected: the period of action has arrived, and deeds not words are now wanted. Bills, and clauses of bills must be prepared, and adapted to passing legislation, and their progress carefully and unceasingly watched by competent agents. This cannot be done without money, for it is absolutely absurd to suppose that any individual can be found so silly, as to devote his time to this or any such duty without remuneration. Wherever any attempt of the kind has been made it has proved worse than abortive, and to the want of proper assistance secured in this way, is to be attributed the frequent failures of attempts to relieve the profession from the grievances to which it is subjected.

NAVY SURGEONS.

TO THE EDITOR OF THE SUN.

Sir,—Your journal of the 23d ult., contains an account of an interview which took place between a deputation of medical gentlemen and the Liberal candidates for Marylebone, Sirs B. Hall and C. Napier. The latter gallant officer is reported to have stated, in reply to a question from Mr. Simpson, that it was his opinion "that Naval Assistant Surgeons ought to have a private cabin for themselves, to read and pursue the study of their profession;" he also stated, that the mess in the gun-room was as comfortable as that in the ward-room, and less expensive, particularly since mates had an increase of rank. Sir Charles must, when making this reply, have forgotten that in vastly the greater number of men-of-war no "gun-room" exists, that such an apartment is only to be found in three and two-deckers, and that in every other class of ship, from the largest frigate downwards, the mess-place of the Assistant-Surgeon is a dark, dingy hole on the lower-deck, called "the midshipman's berth," a wretched miserable place, the whole of which is completely filled up by the mess-table, and into which the light of day scarcely ever finds admittance; and this is, in most of men-of-war, the only place the Assistant-Surgeon can call his own—if, indeed, he can call that his own which he has in common with a set of mischievous young monkeys, the future heroes of our navy, who spend almost their whole time off duty in "skylarking."

What the gun-room mess may be now, I cannot say; but I have served as a naval assistant-surgeon, and in my time the midshipman's mess could bear no comparison with that of the ward-room. I do believe than an improvement has taken place since the period to which I allude, but it is not alone the want of comfort in their mess-place which has made the naval assistant-surgeons dissatisfied with their position in the service—it is the feeling of degradation inseparable from their situation which has induced many of them to leave the service in disgust, as was my case.

Will the gallant Commodore say upon what principle he would exclude the assistant-surgeon from the ward-room mess, and admit to it the boy second lieutenant of marines, whose pay is considerably less than that of the former, and for whose appointment (until the recent regulations regarding marine cadetships) no standard of education was required?

Again, supposing a party of troops embarked in a ship of war, with a regimental assistant-surgeon, will the gallant officer say why the military medical man should mess in the ward-room, whilst his brother of the navy is not allowed the same privilege?

The Naval Medical Board requires from candidates for assistant-surgeoncies fully as high a standard of education, general and professional, as does the Army Board, and yet, how widely different is the situation of the army assistant from that of the naval?

I would beg leave, with very great respect for Sir Charles Napier, to direct his attention to the numbers of the *United Service Journal* for July, 1839, and for the same month in the succeeding year, and to the *Dublin Medical Press* of Sept. 9, 1840: he will find in each of these a letter from me on the position of naval assistant-surgeons; and if the gallant officer will, when he has a little "otium" after the turmoil of his election (on the result of which I heartily congratulate him), do me the honour to read them, I venture to say that he will arrive at the conclusion that, as well as having a "private cabin to themselves, to read and pursue the study of their profession," naval assistant-surgeons, ought in every particular, as regards *rank*, *pay*, *dress*, and *messing*, to be placed fully on an equality with their more fortunate brethren of the army.

Your very obedient servant,
MICHAEL HEALY, M.D. and Surgeon;
Late Assist. Surg., R.N
Ennis, Ireland, July 1, 1841.

GUN-SHOT WOUND OF THE HEAD.

Dr. A. C. Post relates, in our cotemporary, the *New York Journal of Medicine and Surgery* (January, 1841), the following interesting example of this accident, communicated to him by G. W. Hulse, M.D., U.S.A.:—

James Graham, aged about 22 years, a private in the regiment of Creek Volunteers, in October, 1836, near Fort Brooke, in East Florida, was wounded by a rifle ball, which struck the right parietal bone a little above the lower anterior angle. After receiving the ball, he rose from a sitting posture, and exclaimed to those near, that some one had shot him, but soon fell down into a state of insensibility. I saw him within fifteen or twenty minutes after the injury. He was then insensible, and in a comatose state, and could give no account of himself: the pupils were dilated and immovable, and there was stertorous breathing, with a slow and soft pulse. From an examination of the wound it was evident that the ball had passed in the cavity of the cranium, though it had not penetrated the dura mater. The symptoms clearly indicated that there was undue pressure upon the brain. The direction that the ball had taken after entering the skull, was found to be upwards and forwards under the os frontis, and the place where it had lodged, as

nearly as could be ascertained, was an inch or a little more from the place where it entered.

A convenient flap was made at the wound, so as to expose the opening into the skull, and to make room for trephining. The projectile had made through the bone a complete perforation, which was smaller than sufficient to admit an ordinary rifle ball, although no fissure could be observed extending in any direction from the opening, and no portion of bone was found depressed.

A trephine was applied, and on removing that portion of bone under which it was supposed that the ball had lodged, it was found lying upon the dura mater considerably flattened, and its diameter so much increased that it would have been impossible to have removed it by the same opening through which it had entered. In the subsequent treatment of the case, there was nothing unusual. The day following the operation, there was increased velocity and hardness of the pulse; about sixteen ounces of blood were taken from the arm, and a saline cathartic ordered. On the second day, pulse softer and less frequent: the medicine had operated well, and there was less insensibility. The patient conversed a little, and asked for something to eat.

In consequence of a march into the territory, I did not see him again for about ten weeks, when he rejoined his regiment perfectly well. But I was informed by Assistant-Surgeons Low and Byrnes, who had charge of him in the meantime, that nothing unusual had occurred. The wound of the soft parts healed slowly, a circumstance which has long been observed in gun-shot wounds, especially where balls enter when their velocity is great.—*American Journal of Medical Sciences.*

MEDICAL INTELLIGENCE.

GENERAL ELECTION.

Dungarvan.—On Monday, the 5th instant., the day appointed for the election of a representative for the Borough of Dungarvan, the Right Hon. Richard Lalor Sheil was returned without opposition. During his sojourn here he was waited upon by a deputation of medical gentlemen, consisting of Drs. Quin, Christian, and Hassett, for the purpose of ascertaining his opinions, and of affording him information upon the subject of Medical Reform and the grievances under which the profession labour. The interview was most satisfactory. The hon. member received the deputation with the utmost courtesy and attention. He evinced a warm interest in the question of Medical Reform, the principle of which he cordially approved, but frankly confessed himself so utterly unacquainted with the details as to render it imprudent for him to commit himself by any pledge. The deputation having entered into an explanation of the objects for the attainment of which the profession throughout the entire empire was now united, and engaged in one common struggle, the hon. member promised to give his most earnest and anxious attention to the consideration of the subject, and to attend in his place whenever the question shall be brought before the House of Commons. After a long interview, and interesting conversational discussion, the deputation placed in his hands the memoranda issued by the council, and then retired, much gratified with the reception they had met, and with the anxious desire which Mr. Sheil manifested to elicit information upon the subject.

City of Kilkenny.—Among the measures of amelioration, which Mr. John O'Connell pledged himself to support, was that of Medical Reform. To this he said he would yield his warmest advocacy, were it for no other reason than that his talented, energetic, and truly patriotic friend, Dr. Cane, stood among its supporters. Further still, indeed, he regarded it as nothing more nor less than a measure of strict and essential justice. On the first ground alone he would feel bound to support it, and on the general ground he would feel bound to support it, independent of the particular. When both concurred to induce him, he stood bound beyond the power of retreat. The measure should have his best and warmest support whenever it should be brought forward, or upon whatever occasion he could do anything to advance it. This announcement, like all the others made by Mr. O'Connell, called forth hearthy and enthusiastic applause. The tribute of regard and confidence yielded to Dr. Cane was, in itself, enough to do so in Kilkenny. Dr. Cane, in his subsequent thrilling address to the meeting, adverted to this subject. He had to acknowledge the tribute of respect paid to his good intentions, if not to his judgment, by Mr. John O'Connell, and he felt highly gratified, indeed, in having to regard as among the supporters of Medical Reform the future representative of Kilkenny, who was, in all respects, so highly qualified to render important service to the cause. He had, himself, been always among the most zealous, if not the most efficient advocates of Medical Reform, and he would have played false to his feelings and principles, if he were remiss or lukewarm. In the first place, he had the interests and the credit of his profession deeply and warmly at heart, and to anything that should serve to advance them he must ever feel bound to yield his most strenuous assistance. Secondly, a regard to the interests of justice and humanity taught him to wish for the general establishment of means for affording adequate medical assistance to the poor. Again, then, he must express his great pleasure in having Mr. John O'Connell avow himself an advocate for Medical Reform. He thanked him for the kind manner in which he had been pleased to speak of himself. He thanked him still more for his pledge to support the measure, in which the interests of his profession and of the public were alike so deeply involved.—Kilkenny may well feel proud in ranking among her citizens such men as Dr. Cane.—*Kilkenny Journal.*

Portarlington.—A deputation of Medical Practitioners, consisting of Doctors, Hanlon, Harte, and Tabuteau, Portarlington; Dr. Fisher, Ballybrittas; Dr. Croly, Mountmellick; Dr. Jacob, Maryborough; Dr. Knaggs, Mountrath; and Dr. Walshe, of Ballinakill had a long interview with the member for Portarlington, on Wednesday last. The views of the profession, on the subjects of Medical reform; protection for the Medical charities; insuring the stability and efficiency of these institutions; amendments in the law, by which suitable remuneration shall be secured to Medical witnesses; with the abolition of the system of tender and contract for vaccination, the administration of that important measure being removed from the jurisdiction of the Poor Law Commissioners, were fully explained. Colonel Damer entered most earnestly into the consideration of the several subjects brought under his notice, and expressed his conviction that the public interests require that they shall receive the early and careful attention of Parliament. He kindly promised to bestow close personal attention towards forwarding the progress of any measures introduced for the correction of the evils complained of; and took advantage of the opportunity afforded him, to inquire minutely from persons so well qualified to furnish correct information, into the actual condition and wants of the poorer classes, the general causes of fever and other epidemic diseases amongst them, and expressed a desire to be made acquainted

with any facts relating to the administration of the Poor Law which might demand investigation. The interview was in the highest degree satisfactory to the gentlemen who sought it, and they retired, impressed with the conviction that the assistance of an active and influential member of the House of Commons had been secured in favour of measures of considerable importance to the public, as well as to the members of the Medical profession.—*Leinster Express.*

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 8.—Council met.

The Treasurer reported the receipt of the following sums:—

William Whittaker, M.D., Ballina Fever Hospital, who was enrolled a member of the Association, 10s.

Dr. Pentland, Drogheda Infirmary, 10s. subscription.

Doctor Thompson, Lisburn Infirmary, 10s. ditto.

Dr. Warren, Kinsale, 10s. renewal subscription.

Dr. Jago, ditto, 10s. ditto.

Dr. Bishopp, ditto, 10s. ditto.

Dr. Wood, Bandon, 10s. ditto.

Dr. Donovan, Skibbereen, 10s. ditto.

Dr. Wallis, Charleville, 10s. ditto.

Dr. Sullivan, ditto, 10s. ditto.

Dr. R. Maffitt, Glasslough, 10s. ditto.

Wm. Taylor, L.R.C.S.I., Dublin, 10s. ditto.

The 10s. acknowledged on 17th June, as left at Treasurer's house, was for the renewal subscription of Dr. Walsh, of Valentia.

Read a letter from Dr. Dowling, of Kilmallock:

Ordered that the following case be submitted for the opinion of T. B. C. Smith, Esq., Q.C.:—

"Counsel will please refer to the acts for the establishment and regulation of dispensaries in Ireland, and say if the governors of such institutions be empowered to remove from his office a medical attendant who may have been legally appointed, and against whose conduct and professional capabilities no objection can be urged. Also, if individual governors of dispensaries can legally require an annual election of the medical attendant, in cases in which no bye-law requiring such annual election has been framed."

[The opinion has been forwarded to Dr. Dowling.]

PROMOTIONS.

CIVIL.—On the 19th June, Doctor Tanner was elected junior surgeon to the Cork South Infirmary, in the room of Dr. C. A. Bull, who became senior surgeon on Dr. Woodroffe's resignation. June 28, Daniel Knight Lloyd, A.M., M.B., was elected one of the physicians in the room of Dr. Tanner.

James Apjohn, M.D., was on Saturday last elected to the Professorship of Chemistry and Geology, as applied to works of construction; lately founded in the University of Dublin.

MILITARY.—4th Light Dragoons—Surgeon E. S. Graham, M.D., from the 75th Foot, to be Surgeon, vice Chambers, appointed to the 11th Light Dragoons.

75th Foot—Assistant-Surgeon J. Forrest, M.D., from the staff, to be Surgeon, vice Graham.

HOSPITAL STAFF.—To be Staff-Surgeons of the second class—Assistant-Surgeon P. Brodie, of 10th Foot; J. Connell, of 23d Foot; D. Dumbreck, M.D., of 38th Foot; J. Sidey, M.D., of 25th Foot; William G. Byrne, of 99th Foot; William M. Ford, of the Staff; W. Smith, of the Royal Military Asylum; J. Strath, of the 86th Foot; C. R. Boyes, of the 6th Dragoons; W. Wallace, of the 15th Foot; R. J. G. Grant, of the Staff; D. Lister, of the 3d Dragoon Guards.

To be Assistant-Surgeon to the Forces—W. Rutherford, gent., vice Rutledge, who retires.

REGISTER OF THE WEATHER.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	June 27,	69	50.5	20.050	
Monday	28th,	70.5	55	29.850	.040
Tuesday	29th,	68	52	29.850	.020
Wednesday	30th,	70	52.5	30.150	.115
Thursday	July 1st,	64.5	55	30.100	.070
Friday	2d,	67.5	57	30.250	.055
Saturday	3d,	68.5	60	30.124	.003
Sunday	4th,	69	58	30.100	.012
Monday	5th,	67	56	30.110	
Tuesday	6th,	67.5	57	29.950	.120
Wednesday	7th,	68.5	54	29.725	.165
Thursday	8th,	62	51.5	29.950	.215
Friday	9th,	65	47	30.050	.110
Saturday	10th,	69	50	29.800	.065

ANNIVERSARY MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THE Provincial Medical and Surgical Association will hold their Ninth Anniversary Meeting at York on Tuesday the 3rd, Wednesday the 4th, and Thursday the 5th, days of August next.

President—GEORGE STEED, M.D., Southampton.

President Elect—GEORGE GOLDIE, M.D., York.

The First General Meeting of the Association will be held at the Museum Rooms of the Philosophical Society, on Wednesday morning, the 4th of August, for receiving the report of the Council and transacting other necessary business.

On Wednesday evening another meeting will be held for receiving reports of committees and reading cases and other communications from members.

At 12 o'Clock on Thursday another General Meeting of the Members will be held, and the retrospective Address will be delivered by R. J. N. Streeten, M.D., of Worcester.

On Thursday morning, the 5th, at Nine o'Clock the Members of the Association and their friends will Breakfast together at the Guildhall, for which Breakfast Tickets, at 2s. 6d. each, may be procured.

On Thursday evening, at Six o'Clock, the members and their friends will Dine together at the Guildhall, and at Nine o'Clock, the same evening a Conversational Meeting will be held in an adjoining apartment of the same building: to these the admission will be by Tickets of one Guinea; for which Dinner, Wine, Dessert, and Coffee will be provided.

Gentlemen are requested on arriving in York to repair to the Inquiry-room at the Savings' Bank, St. Helen's-square, where Mr. Husband, Secretary, and other members of the local Council will be in attendance to give every necessary information as to the progress of business, so as to obviate confusion.

Gentlemen may, of them, also procure Tickets for the Breakfast and Dinner; and are requested to enter their names and address in a book which will be there provided.

Gentlemen proposing to honour the Association with their company either at Breakfast or Dinner are requested to signify their intention to Dr. Goldie, or Mr. W. D. Husband, York, on or before Thursday the 29th of July: such notice being absolutely necessary to insure adequate preparations being made.

CHARLES HASTINGS, M.D. } Secretaries to the
J. P. SHEPHARD, Surgeon, } Association.

July 5th, 1841.

Just Published, price 21 *shillings*,

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Wednesday, July 14, 1841.

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"SALUS POPULI SUPREMA LEX."

No. CXXXIII.] DUBLIN, WEDNESDAY, JULY 21, 1841. { PRICE SIXPENCE, STAMPED.

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XVI.

WE now come to the *causes* of dysentery, and it is of great importance that your minds should be made up respecting them.

The noblest use of medical science is to *prevent* disease; to point out the sources from which it arises, and the means by which it is to be avoided. This may be said of every malady to which flesh is heir; but it applies with peculiar force to those diseases which spread their desolating influence over large communities, depopulating towns, and thinning the ranks of veteran armies. Dr. Maunsell elegantly expresses this in his "Discourse on Political Medicine" delivered in this College, in 1839. "Medicine ceases to be menial, when she abandons the service of individuals, and the mere cure or alleviation of disease, and aims at the higher object of protecting the public health, and providing for the physical well-being of the human race." In this passage the word "menial" is not used in a degrading sense—for nothing that an intelligent and benevolent physician feels it his duty to perform for the person who has entrusted him with his health and life, can be degrading—but it is used to contrast strongly with higher and nobler objects.

When the professors of medicine or of surgery speak of the causes of any disease, they can do no more than enumerate them: they have no time to discuss and enlarge upon them; they are obliged to take a confined view of their operations, and very briefly and very simply state how they are connected with the particular subject before them; but they cannot consider their general bearing upon disease. There ought to be in every great school of medicine a chair specially appointed to discuss the causes of disease, the laws of contagion, the influence of soil, climate, food, dwellings, dress, and so forth, upon health of body and vigour of mind. Our towns, our streets, our prisons, and workhouses, and manufactories, even the rooms in our own houses, ought all to be built under some medical advice, and with some regard to the health of those who are to occupy them, not left, as they now are, to the fashion of the day or the taste of the architect. Such precautions as I have alluded to, and such knowledge as a professor devoted to the subject could disseminate, would exert a most beneficial influence on the health and comfort of society. The professor ought to be liberally remunerated by the government; and I have no doubt the physical well-being of the public would be incalculably promoted by it.

The *predisposing* causes of dysentery are hot and moist seasons, after which this bowel complaint is very apt to occur; hot and moist climates; certain states of the air, in which some secret influence is supposed to prevail, or what Sydenham calls the "epidemic constitution" of the year; and fatigue, anxiety of mind, and excess, by which the body is reduced to a condition that favours the operation of the exciting cause.

The *exciting* causes are very numerous: some appear to act topically on the mucous membrane; others by a remote influence, either in the way of sympathy or by their deleterious effects on the blood or the nervous system. To the first class belong drastic purgatives, feces allowed to accumulate in the large intestine until they irritate, acid and unripe fruit; unripe vegetables, such as potatoes in scarce summers, when the poor are forced to use them too soon; ill-boiled vegetables, which the poor are so fond of; bread made of malted flour or blighted wheat; bad

meat, brackish water, stagnant water; bile too scanty or too profuse. Under the second class we may place cold drinks, currents of cold air, wet feet, wet clothes, cold and dewy nights after hot days. These seem to act by checking the cutaneous transpiration, and throwing in upon the mucous membrane too great a quantity of work. Exhalations from decaying animal or vegetable substances, especially the latter, or from the bodies of persons crowded together in prisons, &c., putrid meat or water in time of famine, or in besieged towns—these probably act first on the circulating fluids, either by absorption or through the nervous system; and then the mucous membrane, which is a great emunctory, is taxed to eliminate or get rid of the noxious matter, and an unhealthy inflammation, with morbid secretions is set up.

Is *contagion* a cause? Cullen says it always is, for he brings contagion into his definition of the disease: he calls it a "contagious pyrexia." I could give you a long list of authors who say it is never contagious, and another long list of those who say it always is, and a third list of those who say it is in some circumstances and is not in others. Among the latter number is Dr. Cheyne, an authority second to none. He says it is contagious when combined with continued fever, but not when it is simple, nor when combined with intermittents. I am sure Dr. Cheyne is right.

Let us next consider the *treatment* of dysentery.

Now, if we are correct in calling it an inflammatory affection of the mucous membrane, chiefly, and in some cases entirely, of the large intestine, it is obvious that we ought to treat the disease antiphlogistically, just as other enteric inflammations. But there are some peculiarities in dysentery, to which we must attend—for instance, the mucous glands are much more engaged in this than they are in jejunitis or ileitis, pouring out large quantities of mucus. Again, the mucous membrane is very apt to run into ulceration in this disease; but such a result is rare in mucous inflammation of the small intestines. Then again the muscular coat of the large intestine sympathises very much with the irritation in the mucous coat, and we have tormina, tenesmus, &c., but in the small intestine there is no such sympathy—the highest inflammation of it being consistent with little or no excitement of the muscular tunic. Is this owing to the valvulæ conniventes, and the loose connection of the coats in the small intestine, and the more intimate union of them in the large? Be this as it may, these circumstances will lead us to a modification of our antiphlogistic treatment. We must also, as in most diseases, look well to the causes which gave rise to the affection, and as far as possible remove them or modify our plans accordingly. Thus, if climate or situation are to blame, we must remove our patient if possible; if any food or drink act deleteriously, they must be shunned; if the patient's bowels had been torn by purgatives, we will not prescribe precisely as we would if we knew that they had been oppressed by accumulated feces and neglected secretions: there may be too much or too little bile in the motions, and we must recollect that fact in our prescriptions; if the cutaneous transpiration has been checked by cold, and that the colon has, in consequence, assumed a morbid action, we will be anxious to restore again the healthy function of the skin; and if contagion or poisonous effluvia have contaminated the system and brought down its powers, we must not forget how ill our patient will now brook the active treatment which more sthenic cases would require. We have also to attend to the stage at which we see our patient, and the symptoms which are most urgent.

When the disease is *acute* and *mild*, and that we see it early, we shall seldom have to bleed or leech the patient. Yet in the strong and plethoric, or, if pain be constant, we may bleed with advantage; and, if there be tenderness on pressure at any point, we ought to leech the part both in the strong and in the weak. In all cases we inquire whether a diarrhœa preceded the present symptoms, or whether feculent discharges had been scanty and scybalous. In the former case opiates and diaphoretics are alone required; in the latter we give aperients first. Dover's powder is the best diaphoretic opiate: the hippo which it contains has a very salutary effect on the disease. We may give five grains every six hours, have the abdomen well stuped, or, what is better, give a warm hip bath or full bath, and restrict the patient to light farinaceous diet. The drink may be warm tea, barley-water, rice-milk largely diluted, and such like, avoiding acids. The bath may be repeated daily, and the Dover's powder diminished if the symptoms are found to be yielding, which is usually marked by diaphoresis, by a cessation of the gripings, and by a less frequent call to the night chair. In two or three days the patient may be quite restored, and will have only to avoid making too free with himself. Should there be no fœcal discharge for a couple of days, we ought to give a mild aperient—one that will act chiefly on the small intestine, without irritating the large, such as the neutral salts in mint water or in gruel; bitartrate of potass in an electuary, or simply moistened with water after having been finely levigated, in half-ounce doses acts kindly; castor oil is a favourite, but it frequently gripes, an effect which ten or twelve drops of laudanum serves to prevent. The abdomen ought then to be rolled round with flannel, so as to keep up an equable temperature and a healthy action in the skin of the part. Warmth of the feet is also to be carefully preserved. If, instead of diarrhœa it appears that scanty and scybalous motions were present at the commencement, then we begin our treatment by administering a purgative which is to be followed by the anodyne plan which I just now explained to you. A good purgative to begin with is a bolus of calomel five grains, compound powder of jalap a scruple, five grains of ginger and half a drachm of the electuary of senna. This you follow up in a couple of hours, with a draught consisting of half an ounce of castor oil, half an ounce of spirits of turpentine, and an ounce of peppermint water. The turpentine is found rather to diminish than to increase any griping effect of the oil. Should the stomach kick against this nauseous draught, we may give draughts of rhubarb and senna, or sulphat of magnesia in infusion of roses, or the Rochelle salt in mint-water. Any of these coming after the bolus, but especially the oil-draught, will clear out the bowels, so as to enable you to treat your patient henceforth on the diaphoretic opiate plan, as if he had had diarrhœa.

You are not to be too ready to use purgatives. You ought to feel the patient's abdomen, and if you detect any solid accumulations it is well then to use them; but flatus does not call for them, neither does the feeling of distension which the patient complains of, and which often induces him to press you for purgative medicines. No; anodynes and stupes will relieve that feeling much more effectually than cathartics.

In the *severe* acute dysentery, you cannot dispense with venesection and leeching, and if the pain be severe in any point, you leech again and again. Stuping and warm hip-baths are of great use, and a light soft emollient poultice laid over the tender part, in the intervals of stuping, will be found to be very beneficial. Should tenesmus be an urgent symptom, our leeches may be applied to the verge of the anus; or to the sacrum, and then a small anodyne injection thrown up will afford great relief—say, two ounces of mucilage of starch, with thirty drops of tincture of opium. After the bleeding you administer

opium freely. If the stomach be not irritable, Dovers powder answers well—suppose ten grains first, and then smaller doses afterwards. I am fond of combining hydrargyrum c. creta with the Dover, I think the motions usually show a deficiency of bile: three grains of Dovers powder with one of the hydrargyrum every three or four hours. If the pain be very violent we must bleed and leech again, or if that should not appear advisable in the case before us we must give opium more freely. We may add half a grain to each powder. If the stomach be irritable we give the opium alone, beginning with a couple of grains, and giving from half a grain to a grain every two or three hours while the pain is urgent. If there be no feculent motion for a couple of days, you may give some saline purgative or castor oil to prevent an accumulation, which would be itself a source of disturbance to the system. An emollient injection thrown up every day seems very useful; one of the best is, a quart of warm milk, holding some suet dissolved in it. The same compound given by the mouth is a favourite popular remedy. Thin gruel with a little sweet oil, and without salts of any kind, forms a good and convenient enema.

Mercury is highly praised for its efficacy by some writers, and as highly dispraised by others. One man gives it as a purgative, and does not wish it to salivate his patient, another says it is the surest means of stopping disorganisation when pushed to salivation. But Cheyne in this country, and Ballingall and Annesley in tropical climates, have declared against its use, as a sialagogue, and I am disposed to join them. Annesley mentions a fact which may explain why it proves more hurtful in dysentery, than in other enteritic affections. He made experiments on dogs, giving them large doses of calomel, and the result uniformly was, that on opening them the stomach and duodenum were found paler than natural, but the colon and rectum, from the cœcum to the anus, were most acutely inflamed.

If the bleeding, leeching, and opium have subdued the high inflammatory action, and that resolution is taking place, we shall have less pain, fewer motions, and these more feculent. The mucus that is passed will not be bloody, or mixed with purulent and sanious matters. We then follow up the cure by warm baths, flannel rollers, suitable regimen of milk and farinacious substances, perhaps we blister the abdomen, and as improvement advances, we direct a light bitter or tonic mixture. If the affection is assuming a chronic form, a sort of gleet of the colon, we change its action by blisters, terebinthinates, astringents, &c., as we shall see by and by.

When the disease is going on from bad to worse, prostration increasing, the countenance sinking, the skin dry and shrivelled, the discharges bloody, purulent or sanious, we apply warmth to the feet, we stupe the abdomen frequently with flannels wrung out of hot water, and then sprinkled with turpentine, and we administer various astringents with opium, both by the mouth, and per anum. There is now in all probability an ulcerated state of the intestine. It is also found that terebinthinates act very beneficially: the balsam of capivi is a favourite, as recommended by Pemberton.

℞ Balsami capivi guttas duodecim.
Vitelli ovi q. s.
Aquæ cinnamomi.
——— distillatœ āā. drachmas sex.
Sacchari albi, scrupulos duos.
M.—Fiat haustus quartâ (vel. sextâ) quaque horâ repetendus.

The capivi may also be used as an injection.

℞ Mucilaginis amyli uncias quatuor.
Balsami capivi guttas xl.
Fiat enema 8vis horis injiciendum.

This enema diminishes the tenesmus, and will have a detergent effect on any ulcer with which it comes in contact.

Various other remedies must be used, should these appear to be unavailing. Lime-water and milk in equal proportions form an excellent enema. Black wash, solutions of nitrate of silver, solutions of acetate of lead, of chloride of lime or of soda, of nitric acid, of alum and such like, have all been used as injections, and you will select from them what seems best suited to your case. You also give various astringents by the mouth, such as alum, sulphate of zinc, sulphate of copper, acetate of lead, mineral acids, decoction of logwood, catechu, kino, chalk mixture, lime-water, &c. Dr. Barker recommended the acetate of lead with opium—you may give two grains of the former with a grain of the latter, every four hours in pill. Dr. Moseley recommended two or three grains of alum, with an equal quantity of the sulphate of zinc, three or four times a day. He says alum produces an astringent effect on the sanguineous and secernent vessels, without stopping the peristaltic motion. Dr. Elliotson recommends sulphate of copper, from quarter of a grain up to three grains two or three times a day. It ought to be given in form of pill, and when the stomach has food in it, that it may not irritate that organ. From one to four drops of hydrocyanic acid may be given, he says, just after the sulphat of copper, if it be still found to irritate the stomach. Under the judicious administration of one or other of these remedies, and the proper adjustment of diet to the circumstances of the case, many patients have recovered, although there could not have been a doubt of the existence of an ulcerated condition of their colon.

As I read some passages from Dr. Cheyne's paper, when describing to you the symptoms of dysentery, I will now read one or two which contain his sentiments respecting the treatment. He says, "In the course of the season the practice of the hospital underwent several changes, particularly in the advanced periods of the disease, and our confidence in certain methods of cure fluctuated, was weakened by experience, and then restored by experience, still more extensive. The treatment by means of mercury did not succeed so generally as I expected. In many instances purgative medicines seemed greatly to increase all the sufferings of the patient, and castor oil, the cathartic to which a preference is usually given, frequently roused the dormant griping pain.

Of the cases which were not attended with much fever or pain, which were admitted during the first few days of the disease, a purgative early in the morning, a dose of the compound powder of ipecacuan, (10 grains) early in the afternoon, and again at bed time, with low diet, restored many to health; when with pyrexia, the stools chiefly consisted of bloody mucus, and more especially when the abdomen was tender, venesection was never omitted, particularly after I had an opportunity of observing, in the numerous dissections which were made, the havoc wrought by the disease. The blood drawn was in many cases cupped and buffed; the tenderness of the abdomen was relieved by blood-letting; the character of the stools was sometimes immediately altered; purgative medicines often failed to produce a change in the appearance of the stools, while a large, feculent, loose stool, without straining, was not unfrequently passed after the loss of sixteen or eighteen ounces of blood, by patients who, for several days before, had passed nothing but mucus, mixed with blood. It results from a consideration of the cases in my possession that venesection, calomel, and opium, followed by Pemberton's capivi mixture, with farinaceous diet, proved more successful than any other method which was adopted in the severest cases; yet it often lamentably

failed. Were the same cases again to be placed under my care, I would not hesitate to prescribe opium in doses of four or five grains, as it was the opium chiefly, which seemed to arrest the progress of the inflammation, and whatever, in such a case procured respite for the patient from agony, sometimes proved of permanent benefit. At one time calomel with opium was given in the beginning of dysentery, without benefit. When the disease, as we conceived, had attained the ulcerative stage, mercury, which was given on the authority of Clarke, was injurious; but the transition from inflammation to ulceration was not always well marked; finally, the mercurial treatment was of no service, and, probably, injurious in cases in which emaciation had taken place, and in which the tongue was florid and glazed. Not so of the lancet, the beneficial use of which was not confined to the commencement of the disease. I have repeatedly ordered venesection when there was reason to think that ulceration existed in the intestines, and with great temporary relief; and in a few cases, when followed by blisters, mild aperients and anodynes, the relief was permanent." These quotations give you a pretty good summary of Dr. Cheyne's practice, and you will not think them too long when coming from such authority.

Sydenham's practice, he tells us, was, "On being called in I immediately direct bleeding in the arm, give an opiate the same evening, and the next morning my usual gentle purging potion." This potion consisted of an infusion of rhubarb, senna, and tamarinds, with manna. In obstinate cases he gave a large opiate every eight hours, with a "glyster made of half a pint of milk, and an ounce and a half of Venice treacle (turpentine) to be injected every day, which is indeed an admirable remedy in all kinds of loosenesses." Sydenham's practice appears to have been most judicious, and yet, his theory of the disease would hardly now be deemed orthodox. He says, "I discovered it to be a fever *sui generis*, turned inwards upon the intestines; by means of which the hot and sharp humours, that were contained in, and agitated the blood, were thrown off by the meseraic arteries upon these parts, whence blood was discharged by stool, the mouths of the vessels being opened by the impulse of the blood and humours flowing thereto. And by the violent and frequent efforts of the intestines to discharge the sharp humours that continually vellicate them, the mucus, wherewith their inside is naturally covered, is cast out more or less copiously at every stool. The indications of cure, therefore seem to offer themselves plainly; nor indeed have I judged that I had any thing more to do, than to make an immediate revulsion of these sharp humours, by bleeding, and afterwards to cool the remainder; and to evacuate them by purgatives."

As to *chronic* dysentery, I told you it may follow the acute, or it may begin with characters which, from the very commencement, will induce you to call it chronic. In the former case you see that although the patient's appetite improved for a time, that his pulse lost its frequency, the tongue its glossy surface, and that the tormina and tenesmus have greatly diminished, still you discover that he has been some days at a stand, making no advances towards recovery. He is not gaining flesh—his skin is dry and harsh—his pulse rises in the evening, and his motions have a good deal of slimy mucus in them—perhaps even some bloody or purulent matter. Well, then, you now conclude that a chronic form of the disease has established itself, and you set about to remove this very formidable state of things. It is formidable, not because of the violence of the symptoms, but from their obstinacy. If no acute symptoms have preceded, but that after some diarrhœa the patient feels griping pains—passes mucous or bloody stools, alternating with feculent ones—that he is getting thin—his countenance sallow—his eyes sunken—his tongue rough and dry—his skin rough and dry too—and his urine scanty—then you would say that he labours under chronic dysentery also. This case you may call *primary*—the other, which followed the acute attack, you may call *secondary*.

Now if there be much tormina or tenesmus, even in these chronic cases, you will find it useful to take some blood from your patient—seldom, indeed, from the arm, but frequently by leeches. These ought to be applied over the tenderest part, or near the anus if the tenesmus be distressing, or if he had previously piles which do not now bleed. The bleeding from the leechbites ought to be soon stopped, as the long-continued drain is very injurious to his strength. Better to apply them again in two or three days, and again and again at similar intervals, if required. Much may be done in these chronic affections by the warm bath or the hip bath, and when the patient's debility seems to forbid it, or even between the times of bathing him, he ought to be well stuped with flannels wrung out of hot water, and sprinkled with turpentine, or a handful of mustard may be thrown into the stupe. When the tenderness is continuing in any part of the abdomen, notwithstanding the use of these external applications (and of internal ones to be mentioned presently), we ought to blister the part, or both leech and blister according to circumstances. You will find blisters a very powerful help to you in treating chronic dysentery, but as they interrupt the bathing, you postpone them for a time; a soft and light poultice, however, may be applied after the blister, and you may let it cover as much of the abdomen as you please, thus keeping up a continued stupe. The steady temperature of bed, without allowing your patient up, will be found conducive to his recovery, and you sustain this temperature about the abdomen still further by swathing it well with new flannel.

Internal remedies may do a good deal in chronic dysentery, and they are to be managed according to the prevailing symptoms. If there be much pain we give opium freely, either in the form of Dover's powder or of the plain powdered opium. If the discharges are never feculent we give occasional doses of castor oil with turpentine, or of the neutral salts, or of the cream of tartar, as I told you when speaking of the acute disease. If the evacuations are feculent, and yet do not contain a sufficiency of bile, we give calomel, or blue pill, or hydrargyrum c. creta along with our opiates. If the tenesmus be considerable, we throw up starch enemata with opium, or the capivi enema which I spoke of before. If there be much mucus in the discharges, we will derive benefit from acetate of lead injections, or lime-water and milk. If there be pus in the discharge, we may use nitrate of silver injections. Sulphate of zinc and sulphate of copper may also be used both per gulam et per anum. In mild forms of chronic dysentery, Dr. Abercrombie found small doses of sulphur useful—ten grains three times a day: it will determine to the skin, and by its laxative effect prevent accumulations of scybala. If the disease be very chronic, bitters, and astringents, and tonics, may be variously used—kino, catechu, logwood, preparations of iron, and so on.

Then a vast deal may be done by regimen. We must confine our patients chiefly to farinaceous vegetable diet, as sago, arrow root, tapioca, vermicelli, macaroni, semolina, rice, biscuit, crust of bread, &c. The drink may be milk and lime-water, or toast-water with a little brandy in it, or with good old whiskey; or a little sherry; but all alcoholic drinks must be

used very sparingly. We ought to change the patient's air, if possible, and keep his mind as cheerful and as happy as we can.

By this mode of treatment we shall often succeed, after weeks or months, in removing the disease, even though serious organic mischief had taken place in the colon. The patient must ever after live by rule, and avoid all the predisposing and exciting causes as far as may be. Should our treatment not be successful, the patient is gradually worn out; he loses strength; his appetite fails; his feet swell; general dropsy may set in; or the liver, the spleen, the peritoneum, &c., become engaged, and he sinks after much suffering.

The treatment of the different *complications* will be more satisfactorily spoken of when I am upon the subjects of those complications, as the liver, the spleen, the pancreas, fevers, and all that. In fact, dysentery may then be considered the complication of those affections, and we will postpone the consideration of them for the present.

PARISIAN HOSPITALS.

HOTEL DIEU.—M. Rostan.

LECTURES ON DISEASES OF THE BRAIN—SEMEIOLOGY—SYMPTOMS FURNISHED BY THE INTELLECT—LECTURE IV.

Intelligence being the faculty which essentially distinguishes us from animals, is, on that account alone, of much interest. But as we consider the brain a compound organ, which of its parts are we to deem the peculiar seat of intellect? This is a question which, though much debated in every age by physicians, phrenologists, and philosophers, is yet far indeed from being completely determined. However, going on the principle that the intellect must have a separate locality, inasmuch as it is independent of motion, we have examined what is the part of the brain implicated when the intelligence is disturbed. MM. Foville and Delaye have sought to prove, by facts, that whenever the intellect is affected during life, some alteration is always found after death in the cortical portion of the brain; and I also have convinced myself that the essential condition of diseased manifestation of intellect is situated in that substance. In order to explain the fact that the intellect may be unimpaired while one hemisphere of the brain is diseased, Gall has supposed that the brain, being a double organ, one of the hemispheres may supply the place of the other; which explanation appears plausible enough, though, of course, the intensity of the intelligence must be diminished.

It must be noted that these superficial alterations of the brain may be very slight and transitory, for a little alcoholic fluid suffices to disturb the intellect.

The disturbance of intellect during intoxication is strikingly analogous to the phenomena of meningitis, and yet intoxication passes away, the regularity and succession of the intellectual acts re-appearing, as if the cerebral functions had never been disturbed; the alteration must, therefore, have been temporary, and, perhaps, inappreciable, had it been possible to examine the brain at the time. Similar remarks apply to coffey, whose action on the brain is so well known—an action whence Stahl styled it the *intellectual liquid*.

I must here impress upon you, that my language is purely medical, and my observations can, by no means, be applied to the soul; which being essentially immaterial, and consequently immortal, cannot be decomposed, inasmuch as it is not a compound: in virtue of its very nature it cannot be diseased, and its diseased manifestations purely belong to the organs charged with its manifestations. To admit that the soul could be diseased, would imply the admission that it could die, which would be blasphemy.

You thus see that the organic doctrine, instead of leading us to deny the existence of the soul, as some impute to it, confirms its existence, at least as much as any other doctrine. And we may justly consider ourselves more advanced in the present day, than was even Morgagni himself, who, in speaking of the diseases of the soul, seemed thoroughly convinced of the impossibility of discovering corresponding material alterations, inasmuch as the soul was inappreciable by our senses.

In fine, I think that facts seem to confirm the localization of intelligence in the cortical substance of the brain, as MM. Foville and Delaye have attempted to demonstrate; this demonstration is not, however, always possible, as the alterations themselves are not to be always recognised, as I have exemplified when speaking of the action of alcohol and coffey on the brain.

Localization of Delirium.—A physician has said that delirium is the pathognomic sign of meningitis; but we cannot admit this to be the case. If the meninges could be isolatedly inflamed, there would be no delirium; and, if delirium ordinarily co-exists, it is because the most superficial portion of the brain is always simultaneously inflamed. This anatomical fact must make us cease to regard delirium as a sympathetic phenomenon in these cases. The meninges, whose chief functions are to facilitate the motions of the brain, cannot be, and in point of fact are not, the seat of intelligence, and consequently cannot disturb it. Moreover, I have seen more than one case of meningitis unattended with delirium; and, conversely, I have seen delirium without meningitis. Delirium, therefore, is not the pathognomic sign of meningitis.

Intellect is the aggregate of several acts, such as perception, comparison, memory, imagination; and according to Gall, these acts are but conditions of intensity: according to him the aptitude for such or such a science, is the re-union of a certain number of faculties, which constitute the system of intelligence. Thus the aptitude for music consists of the faculties of perception, memory, imagination, &c., with the conditions of intensity.

So far, there is no difficulty in the system of Gall, but it is not so when we pass from *a priori* speculation to localization; then all becomes difficult and obscure, and thus much only is certain, that it is difficult to admit all the wanderings of phrenology. It would lead us too far to develope and refute the fundamental points of the doctrine of Gall, and his disciples. Suffice it to remark that we do not even know what part of the brain governs the motion of any one of our limbs; and if experiment and observation cannot lead to the elucidation of a fact so material and palpable, how can we admit the localization of less material acts, which, to the number of 28 or 32, figure in the phrenological tables of the intellectual faculties?

In this respect I believe that nothing positive is known, despite Gall's appeals to comparative anatomy, and the accumulation of facts, with which the phrenologists arm themselves. Pathological anatomy could alone throw the light of truth on so obscure a question, by showing, by multiplied facts, that an alteration in such or such a situation produced the abolition of such or such a faculty. But we have already seen that pathological anatomy has not furnished sufficient data, to determine a fact which seems more susceptible of demonstration; the localization, namely, of the motor power of the limbs.

Symptomatic Value of Disturbances of the Intellect. The intellect, like sensation, and like motion, may be augmented, diminished, or perverted.

Augmentation.—Individuals, at the approach of death, have become endowed with a remarkable memory; and the other faculties have shown a degree of perfection, which they never exhibited during health; but such examples are rare, and the reverse is more frequently observed.

Diminution.—Diminution of the intellectual faculties is much more frequent than their augmentation: it is even from this diminution that certain diseases acquire their chief character, and assume their denomination. Typhus is such a disease, one of its most remarkable phenomena consisting in a diminution of intelligence.

In softening of the brain, and while it is yet in its first stage, I have observed an obvious diminution of intellect. The authenticity of this fact has been questioned; but if it requires confirmation, it is perhaps enough to say, that on the invasion of the affection there is sluggishness and difficulty in giving an answer.

Diminution of intelligence occuring in the midst of health is a more certain index of the invasion of softening of the brain, than of cerebral hæmorrhage.

In the second period of inflammation of the brain there is stupor. At the commencement of congestion stupor exists, caused by compression resulting from the fulness of the vascular system; but it must be remarked, that, it may also depend on serous effusion.

We have said that in the first stage of softening, and in the second stage of inflammation of the brain, there is diminution of intelligence. If carried further, it constitutes coma, which is readily distinguished from syncope and asphyxia by the persistence of the circulation, and of the respiration.

Coma may be caused by the second stage of softening of the brain, by cerebral hæmorrhage, or by serous effusion. I should here remark, that I do not agree with MM. Dance, Andral and Martin-Solon, in admitting the existence of serous apoplexy, which I consider as depending on some pre-existing morbid state.

Perversion.—Delirium is certainly the most important modification of intelligence, of which it implies the disturbance and perversion: delirium is a sign of an alteration of the cortical substance of the brain, which may, or may not be cognisable by our senses, and in either case it may be protopathique, or idiopathique, that is, residing in the brain; or deuteropathique or symptomatic, that is, depending on some remote alteration. In almost every case of delirium, even amongst the insane at Salpetriere, I have found an alteration of the brain.

Delirium is sometimes a symptom of an affection remote from the brain; but, contrary to the opinion of some physicians, this is not the case in typhoid fever. In that affection there is a disease of the brain, as I have long since convinced myself and announced. M. Pidagnel, no doubt, in ignorance that I have professed this opinion for twenty years, has, in a recent work, confirmed it by facts which he has published. Practitioners have generally ceased to consider the cerebral phenomena in this disease as sympathetic, and I have learned with the utmost satisfaction that MM. Louis and Chomel have changed their opinion on this point.

It is necessary to examine all the acts of the organism to ascertain whether delirium is primitive or sympathetic: if it exists with abdominal or other phenomena it is to be presumed that it is nervous, but if it has commenced with head symptoms it evidently depends on a direct affection of the brain.

These distinctions are, however, sometimes established with difficulty; but we may say that in delirium depending on inflammation of the brain, symptoms of general reaction are observable, which do not exist in nervous delirium, as in the insane.

Delirium may assume several forms, which we shall content ourselves with enumerating, as they are but of secondary interest.

1. *The Delirium is External*, which implies that the patient appears to be occupied with what passes around him, and to address bystanders.

2. *Internal*, that is to say, the patient inattentive to every thing external, seems to derive from his own ideas the sources of his hallucinations.

3. *Complete;* which signifies that it affects ideas of every order; such is the delirium of mania.

4. *Exclusive*, or involving one order of ideas alone, as happens in monomania, hypochondria, nostalgia &c.

5. *Constant;* in other words, uninterrupted.

6. Or, on the contrary, *transitory.*

These last two forms are of importance to us: the former is the more serious.

7. *Mild, tranquil.*

8. *Furious.*

Finally, delirium may be—

9. *Slight.*

10. *Aggravated.*

11. *Short;* or,

12. *Protracted.*

It would be useless to comment on these phrases, which explain themselves, and respecting which we shall have several occasions of explaining ourselves in proceeding from the analysis to the synthesis of diseases of the brain.—*Gazette des Hopitaux des Paris.*

ACADEMY OF MEDICINE OF PARIS.

June 29.

M. Scoutetten read a communication on dislocation of the wrist.

M. Scoutetten observed that, from Hippocrates till the time of Dupuytren, authors theoretically admitted the existence of dislocations of the wrist, without, however, adducing a single fact to establish the doctrine. There was no agreement, consequently, as to their classification, the direction in which they most frequently occurred, nor as to whether they were complete or incomplete. Pouteau first showed that fractures of the fore-arm were often mistaken for luxations or strains of the wrist; and Desault published some observations confirming this view. Dupuytren finally denied the possibility of the wrist being dislocated, and challenged his opponents to produce a single example of the occurrence—a challenge which certainly was not responded to, so that he might have reasonably concluded that his position was established. M. Malgaigne more recently declares that the wrist cannot be luxated, except perhaps backwards. Opinions, indeed, seemed to be unanimous on this point, when M. Marjolin (fils), in 1839, cited in his inaugural thesis, a case of luxation of the wrist; but it was objected to his case that the anterior and external ligaments were intact, and also that the reduction was effected much too easily. M. Voillemier published in the Archives of Medicine in 1840, another case, completely satisfactory, accompanied with a dissection, and a plate representing the state of the parts. This last case, though unexceptionable, is one of luxation backwards—an event admitted as possible by some who yet generally denied the possibility of dislocation of the wrist. The following case, however, is an example of another kind of dislocation:—

A lady, aged 22, received, when 16 years old, an accident which she describes as follows:—Being engaged in unreeling thread, she fell, her hand being

entangled in the skein, so that the wrist sustained considerable violence, and on the instant became much swollen. Leeches and emollient cataplasms were applied, and after two months two small abscesses opened near the wrist and continued suppurating for a long time. A year after the accident, the swelling having at length completely subsided, a considerable deformity of the wrist was discovered. A surgeon pronounced that the joint was dislocated, and in vain endeavoured to reduce it.

On examining the parts, I ascertained that the carpus has glided obliquely from below upwards, and from without inwards, on the anterior surface of the radius and ulna. The hand is thrown inwards. The dorsum of the wrist presents a remarkable prominence, corresponding to the extremities of the radius and ulna, below which there is a depression. The relations of the bones of the fore-arm are natural, as is also the formation of their inferior extremities. The wrist admits of flexion and extension—extension being, however, limited by the contact of the carpus with the bones of the fore-arm.

M. Scoutetten presented a cast of the arm of the patient.

M. Blandin did not quite agree in M. Scoutetten's views Dupuytren never denied the possibility of dislocations of the wrist: he merely said that they never occurred under the same circumstances as fractures, *i. e.* from a fall on the palm of the hand—an opinion in which M. Blandin agreed, and which was not contradicted by the fact adduced by M. Scoutetten. M. Blandin objected to the case, that its real nature was not verified by dissection; that the dislocation was not recognised till after the lapse of a year, and after the joint had been the seat of protracted inflammation; and that the dislocation might have been the consequence, not of the accident but of that inflammation; the ligamentous tissues being, often, so softened by inflammation that diarthrodial surfaces are displaced by the slightest motion. M. Blandin had, along with M. Martin Solon, examined a woman at the Hopital Beaujon, said to be affected with dislocation of the wrist forwards, and they both ascertained that the luxation was consecutive on disease of the joint. In M. Voillemier's case there was a wound—the ligaments were torn; and it was never denied that a dislocation might occur under such circumstances.

M. Velpeau agreed in all M. Blandin had said, adding that in M. Marjolin's case the luxation was complicated with fracture of the extremities of the bones, and inflammation and suppuration occurred round the joint. M. Velpeau also said that on examining the cast he was doubtful as to the existence of a dislocation. If the carpus was displaced, the hand should not be flexed as it was. This, no doubt, was purely a theoretical objection. The radius, too, was hollowed out on its anterior surface, whence he suspected that there had been, in the first instance, an oblique fracture of that bone from below upwards and from behind forwards, and communicating with the articular surface; and that there was subsequently a dislocation, whether primitive or consecutive.

M. Begin confirmed M. Blandin's statement as to Dupuytren's views, mentioning that Dupuytren, in one of his courses of lectures at the Faculty of Medicine, exhibited a case exactly similar to M. Scoutetten's. It was the case of a workman, in whom, in consequence of repeated efforts to pull a press home, the ligaments and muscles were so relaxed that he displaced the wrist forwards at pleasure.

M. Bouvier said the cast was exactly similar to those deformities of the limbs produced by muscular retraction. If, then, there was a dislocation, it arose from that cause, which was very different from traumatic violence.

M. Gerdy said that whatever doubts might exist as to the cause of the dislocation, the cast presented all the signs of a real dislocation. The pisiform bone was half an inch above the inferior extremity of the radius, and the relation of the first metacarpal bone to the radius was altered.

M. Scoutetten would not enter into any discussion respecting Dupuytren's opinions. As to M. Velpeau's opinion that there had been fracture of the radius; had such been the case, there should be traces of consolidation; but not a vestige of callus existed. The extremities of the radius and ulna are natural in volume and outline; and by depressing the skin on the dorsum of the wrist, the diarthrodial surfaces can be felt naked and quite unaltered. As to luxation from muscular retraction, the case mentioned by M. Begin has no resemblance to mine. Such cases are not really luxations, but displacements to a greater or lesser extent, but always incomplete, which occur in persons of laborious habits, and which Dupuytren has well described. In my case, however, you have the usual cause of dislocations—a sudden motion of the hand and arm in opposite directions: the symptoms, too, incident to luxation, followed. I cannot understand how the case can be supposed one of spontaneous or consecutive dislocation. The wrist joint is not liable to such an occurrence like the other joints, for the bones are opposed by large surfaces; and their uniting media are so powerful, that Dupuytren estimated the power of the flexor muscles alone at upwards of 2,000 pounds. Where is the force to overcome such a resistance? In a spontaneous dislocation, furthermore, the bones gliding gradually on each other, their edges would be, of necessity, rounded off; but in this case the formation of the bones remains perfectly natural. It has been objected that the hand is inclined inwards instead of outwards, as theory would indicate; but there are reasons to explain this fact. The ulna does not descend so low as the radius, and thence there is less obstacle internally to the displacement of the carpus. I consequently think the case is an incontestible example of a primitive dislocation of the wrist forwards, an accident of which there is no other known example.

CIRCUMSCRIBED SOFTENING OF THE BONES.

M. Scoutetten presented a cast of the leg of a man aged 25, a tailor, healthy, and of a good constitution. Without known cause, or any antecedent disease, he was attacked with acute pain at the lower part of the leg, which was fruitlessly treated by leeching and emollients. The leg gradually became bent, so as at length to form inferiorly a right angle, the apex looking internally. When the leg was so far bent, the deformity was arrested, and the bones are now so consolidated in their new position, that the patient can walk with facility, and has even abandoned his occupation as a tailor, and become a porter, in which capacity he walks eight or ten leagues daily. The limb, at first sight, resembles a club foot, but the joint is sound: there is solely curvature of the bones above the joint. M. Scoutetten attributes the deformity to a partial softening of the bones, and regards the case as unique.

DEFORMITY OF THE CRANIUM IN MENTAL ALIENATION.

M. Foville read a communication containing certain considerations on insanity.

It has been said that there is no material alteration of the brain in insanity. Were this fact proved, it would, in conjunction with the success of the moral treatment, lead us to regard insanity as a purely functional affection. But, before adopting this conclusion, the question must be accurately examined in all its aspects.

Those who consider insanity as dependent on organic causes, appeal to its being hereditary; but an hereditary predisposition, they say, must originate in an appreciable modification of the tissues. They also maintain that the brain is deformed. M. Foville, on this latter point, says that the custom which is observed in several countries of arranging the head-dress of infants so as to compress the head in its transverse axis, has the greatest influence on the shape of the cranium, its antero-posterior diameter being thus considerably augmented. This kind of deformity, he said, is very frequently met with in lunatic asylums.

The influence exercised on the cranium by constriction is undoubted; but M. Foville does not regard it as a direct cause of insanity: it merely disposes to insanity, as deformity of the thorax disposes to diseases of the lungs. When very decided, there is often alteration of intelligence and motion. In a minor degree it causes habitual headache; but the slightest occasional cause may produce delirium.

These considerations are valuable as regards the prophylaxis of insanity. They lead to the condemnation of the injurious habits which went to produce deformity of the cranium.

OBSERVATIONS ON LAUREL-WATER.

BY M. DONOVAN, ESQ.

The qualities of certain kernels, leaves and flowers, have long rendered it an object to transfer them to less perishable materials, with a view of applying their virtues to various economical and medicinal purposes. The Arabians chiefly practised these arts: according to Trusler, they acquired their knowledge from the Africans, and these again from the Egyptians. When the Arabians carried their successful arms into France and Spain, they diffused a knowledge of such pursuits amongst a people previously little versed in them; and from these countries it was disseminated throughout Europe. The discovery of distillation afforded an universal method of extracting and isolating flavours and perfumes, and the number of distilled waters soon became more numerous than useful: in the London Pharmacopœia of 1618, there were no less than 110: they were valued sometimes for their supposed or real medical virtues, and sometimes for the taste or smell which they imparted to less agreeable medicines.

Black-cherry water was a great favorite; but the apothecaries at length discovered that laurel-leaves contained a flavour of the same kind: and about a century ago, Dr. Rutty openly charged them with sophisticating black-cherry water with them.—(*Phil. Trans.*, 1739.) The identity of the agent in both was not at the time known, and it was a grievous subject of complaint that a water, prescribed by physicians as a mere agreeable vehicle, should be adulterated with what had then been recently proved to be a poison. That the leaves of the cherry-laurel contains a poison was first discovered in Dublin. The circumstances were as follow:—

It had long been known that the water distilled from laurel-leaves communicated a most agreeable flavour to custards, creams, cordials, puddings, and ratafias. Dram-drinkers also mixed it in their brandy, in proportion of one part of laurel-water to four of brandy, and took this quantity with perfect impunity. Its poisonous qualities had never been suspected, until some time in September, 1728, when one Martha Boyse, a servant in Dublin, who lived with a person that sold great quantities of this water, got a bottle of it, and gave it to her mother Anne, as a very rich cordial. Anne made a present of it to her sister Frances, a shopkeeper of Dublin, who, to oblige a customer, Mary Whaley, gave her about ten drachms, which Mary Whaley drank, and in an hour after complained of violent disorder in her stomach: she then lost her speech, and in another hour died. Anne Boyse, to show that it was not the laurel-water that killed Whaley, swallowed about five spoonsful of it. In about five minutes she also died, without groan or convulsion.—*Phil. Trans.*, 1731.

This tragedy might have explained an occurrence of two years before. The son of an Alderman in Kilkenny, mistaking a bottle of laurel-water for his ptisan, drank a portion of it, and died in a few minutes complaining of a violent disorder in his stomach. So little suspicion was entertained at the time of the poisonous nature of laurel-water that the young man's death was attributed to a distemper under which he had laboured.

Dr. Madden, of Dublin, and Dr. Mortimer, of London, then undertook a series of experiments on dogs, from which the poisonous powers of this water were proved beyond a doubt, whether received by the mouth or the anus. Amongst various antidotes tried, new milk was the only one that seemed to exert a counteracting agency.

The fatal effects of laurel-water did not become generally known for years after this; for even in 1739, Dr. Rutty informs us that some apothecaries still remained ignorant or incredulous of the fact, and sophisticated their black-cherry water with laurel-leaves. But in that year, a hale, strong girl of 18, in the county of Westmeath, who swallowed less than two spoonsful of the first runnings of laurel-water, fell down convulsed within half a minute, and shortly after died.

I suspect that the effects of laurel-water were known long before this period to the Italian *anvelenatori*, who made a profession of the destruction of human life by secret means, and extended a little of their knowledge into England:—"What a miserable condition (said King James to the Judges) shall this kingdom be in if our tables should become such a snare as none could eat without danger of life, and that Italian custom should be introduced amongst us." (*Sir A. Welden's Court and Character of King James.*) One of those poisoners, named Exili, who instructed the detestable St. Croix in his diabolical art, taught him to prepare a liquid as clear as water, which was not precipitated by oil of tartar, having a smell, and capable of poisoning with little or no appearance of an unnatural death: that was probably laurel-water. St. Croix met a signal fate; for, while forwarding his experiments on poisons for others, he got entangled in a vapour which suffocated himself.

The practice of thus sophisticating black cherry-water, a supposed harmless vehicle, with an article so poisonous, caused the London College of Physicians to expunge cherry-water from their pharmacopœia in 1745. And laurel-water having been much used in Italy and elsewhere, for the purpose of secret poisoning, it became an infamous article of traffic, and has only of late years been generally used. In the time of Cullen it was little known as a medicine, and the peculiar circumstances of disease under which it was useful were not understood.

This poison, Dr. Mortimer says is equally mortal with the bite of the rattlesnake, and more quick in its operation than any mineral poison. The Abbè Fontana declares that its action is so violent, and so quick that it may be said to begin to act the moment an animal takes it into its mouth. A medicine of such powers should, therefore, be prepared with infinite care, and by a method not liable to produce variations in strength. Unfortunately the process of the Dublin pharmacopœia is defective in this respect, and we find that the laurel-water produced according

to it is sometimes strong and sometimes weak, insomuch that practitioners are often deterred from prescribing it. Laurel-water may be had which has even very little smell of prussic acid. Should a physician gradually increase the dose of such, day after day, until an adequate effect be produced, and then continue that dose out of an active parcel, the effects might be disagreeable. The pharmacopœia merely directs one pound of leaves to be distilled with three pints of water. But the leaves are so hard and rigid in their substance, even when boiled, that they occupy a very great space in the still, and in general will not be more than half covered with water, sometimes more and sometimes less.

Now the rigid nature and the hard varnish of these leaves render it indispensable that they should be totally immersed in the water during the whole period of distillation. In the case of delicate flowers, it may be sufficient to pass steam of 212° through them, so that the perfume may be carried up; but the method will not succeed with thick, strong, stiff, glazed leaves like those of the cherry-laurel. The oil which, according to Cullen, contains the active principle of the plant, and is the chief residence of the prussic acid, would not be extracted by anything less than long boiling and total immersion. Newman gives as the rule "compact substances are to be previously macerated in water for three or four days that the oil may be more effectually extricated." He even conceives that the temperature of the boiling liquid ought to be raised above 212° by throwing a quantity of salt into it. In the case of laurel-leaves, a high temperature seems indispensable; for Dr. Madden found that a strong infusion in warm water, of even the *bruised* leaves, did not kill a dog when given to the amount of 2½ ounces. Four ounces of the *juice* of laurel-leaves were required to kill; whereas one ounce of the distilled water sufficed. Fontana found the infusion of the leaves to possess little activity. The reason is, because in the juice or mere infusions the strong varnish has obstructed the extraction of the oil, and nothing but the solvent powers of water kept continually boiling on them can effect this object. The first runnings, which are milky, contain the oil: Mortimer found that the runnings that were not milky possessed little flavour or power: and the girl, whose case has been already mentioned, was poisoned in a few minutes by two spoonsful of the first or milky runnings.

It is clear, therefore, that we must employ a brisk boiling heat, and that the leaves must be entirely immersed, and so secured that they will not spring up when acted upon by the heat. I have effected this object by employing a still of the following form:— It consists of a small cylindrical boiler, surmounted by a cone, the apex of which being cut off, has soldered to the cut edge an ascending wide pipe, about ten inches high. The pipe then suddenly bends downwards to enter the worm. The boiler is so small that the necessary charge of leaves requires to be rammed down with great force; and in this state they fill it up to the cone, where they are detained by the shape; and the prescribed quantity of water is just sufficient to cover them. In this way, the whole of the active portion passes over at once; and we are certain that none of it remains after the prescribed quantity has been drawn off.

The Edinburgh College appears to have been fully aware of the necessity of peculiar caution; for in their late pharmacopœia the same object is effected by chopping the leaves. I fear that some of the prussic acid is lost by diffusion in the air; for a powerful odour is extricated during the chopping.

There is another precaution which ought to be attended to, and on which the Dublin pharmacopœia is silent, although it is observed in that of Edinburgh. The water distils over milky; and, if the leaves have been gathered at the right season, and from a congenial soil, a small quantity of oil will appear which will at length sink to the bottom. This oil was noticed by Madden and Mortimer. It is, as already observed, highly poisonous and ought to be removed; for if not, a mortal dose might find its way to the patient. The whole of the distilled water should be, therefore, filtered through paper. The oil comes over entirely with the first portions, and these smell strongly of apricot kernels; the next portions smell like black cherry-water; but, after this, the water is insipid. Unless the leaves are distilled as soon as gathered, they will lose some of their power.

Of the violent and sudden effects of laurel-water there can be no doubt, and that it is more energetic on man than on inferior animals seems proved. In the case of Sir Theodosius Boughton, poisoned in 1780 with laurel-water recently distilled for that purpose, the process of death seemed to set in immediately, and in about ten minutes he was dead.—*Gentleman's Magazine*, 1781.

The girl, already mentioned, fell down within half a minute, and shortly died. Caution is, therefore, necessary; but the question for practitioners to determine is whether they are too cautious, and whether the doses generally administered can be of much use? My friend, Professor Williams, lately took within less than a day, at divided doses, half an ounce of laurel-water, with no other effect than an alleviation of a troublesome cough. I have heard of larger doses; but know nothing of the goodness of the laurel-water used. This was the very best that could be made; and I say so with thorough knowledge of its claims to excellence; for I planted the laurels myself ten years since in a soil and locality admirably suited to their growth and health: the leaves were distilled in two hours after they were plucked; and the distillation was conducted in the manner already described, the ratio being that of the Dublin pharmacopœia.

No doubt the exhibition of laurel-water in adequate doses requires watching; for although its effects are sudden and transitory in a large quantity, they are cumulative in small doses long continued; witness the case mentioned by Dr. Mortimer of the man and his wife who *both* died paralytic, and had *both* been habitual drinkers of laurel-water as a cordial.

11, Clare-street.

REVIEWS AND NOTICES OF BOOKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By William Henry Porter, A.M,

Our notice of Professor Porter's excellent monograph shall be much briefer than its value would demand under ordinary circumstances. But as the entire, of the substance at least, of the volume, has already appeared in the pages of this journal, we deem it needless, perhaps unjustifiable, to enter into a detail of the plan and method of the work, much less to quote any of its contents, which otherwise we should be tempted to do, largely. A few, very brief remarks, however, may be permitted as to certain peculiarities which favourably distinguish Professor Porter's work from the mass of printed paper which is daily sent into the world under the name of medical literature.

In the first place, Professor Porter's work is in the strictest and best sense of the word practical. It must not be supposed that by this we mean to imply, that the author shrinks from generalization or theory;

on the contrary, at every step, we are led from particular to more general facts, and it is attempted, most successfully too, we must say, to found the whole body of doctrine of aneurism, on pathological data. No precept, no general conclusion, no theory is advanced without accurately observed and fully detailed *facts* being simultaneously adduced as the ground of the practical rule, or the scientific generalization; and thus a most pleasing effect is produced; the reader is supplied not merely with the conclusions at which an experienced surgeon has arrived, but he is enabled to test the value of these conclusions, to judge whether they are legitimate inferences; the premises whence they are deduced being in all cases clearly and fully stated. Professor Porter does not, e'ther, like many surgeons who value themselves on being practical, but mistake the real meaning and import of the word, overlook, or undervalue the experience of others: on every important question we have a sound and judicious criticism of the labours of his predecessors.

We have already exceeded the short limit which we had designed to assign to our notice of this work, but we cannot refrain from calling attention to two points of great importance, which are not satisfactorily treated of in any work except the one before us. We allude to the causes of failure of an operation for aneurism, and to the treatment after operation. The after-treatment of operations is, indeed, notoriously neglected in almost every work on surgery, and yet every practical man must know that too often the real difficulties and embarrassments of a case only commence after an operation has been performed. In this respect Professor Porter's work is truly valuable, as it affords information which we believe may be in vain sought for elsewhere.

In a second part, which will complete the work, Professor Porter proposes to consider "The particular varieties of external aneurism, together with the operations that have been proposed and practised for their relief." The appearance of this second part is, indeed, we are told, contingent on the preliminary portion being favourably received; we must therefore, anticipate its speedy publication, as we cannot believe that any surgeon will fail to give this truly valuable work a place in his library.

BOOKS RECEIVED.

The Retrospect of Practical Medicine and Surgery. Vol. II., January to June, 1841.

A New Operation for the Cure of Amaurosis, Impaired Vision, and Shortsightedness. By James J. Adams. London. 1841.

COAGULATION OF THE BLOOD FIFTEEN HOURS AFTER DEATH.

The patient had been delivered a month previously, and had suffered under symptoms, as it was believed, of peritonitis. For this she was bled, and had taken small doses of calomel, which produced severe salivation. An accurate history of the case could not, however, be obtained, and Dr. Dunglison did not see the individual until after death. This ensued after a severe agony, and on examining the head fifteen hours afterwards, the blood that flowed from the arteries of the brain coagulated.

Dr. Dunglison refers to two analogous cases, in which the blood remained fluid in the vessels for a considerable time after death, and coagulated when removed from them. One is stated by Dr. John Davy, in his "researches physiological and anatomical," and the other by Dr. Samuel Jackson, in his account of the yellow fever of Philadelphia, in 1820. (*Philadelphia Journal of the medical and physical sciences*, vol. ii. p. 22). The latter says, "The veins of the omentum, mesentery, in fact, the whole system of the vena portæ were always distended with fluid blood. It was at first supposed that the blood, being thus fluid, was in the dissolved state, so often mentioned by writers. But Dr. Hewson, wishing to make some experiments, collected portions of it in cups. In the course of ten or fifteen minutes it was firmly coagulated, and this was found in subsequent observations invariably to occur."

Dr. Dunglison observes that in all these cases, including his own, mercury appears to have been largely administered, and it may be a topic for farther investigation, whether this peculiarity be in any manner connected with the free use of that or other agents.—*Proceedings of the American Philosophical Society*, No. 12, p. 216.

ON THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM, BY LARGE DOSES OF NITRATE OF POTASH. BY M. ARRAN.

M. Arran, in this memoir draws attention to a method of treating rheumatism, which was formerly tried and fell into neglect, and has been again lately employed in the Paris hospitals. The observations of Brocklesby, White, and Macbride, on the use of large doses of nitrate of potash in acute rheumatism are first noticed, and the results of the recent trials are then given, and are distributed into two classes. The first comprising the cases in which the cure was not followed by relapse, the second in which there was a relapse which the same treatment succeeded in curing. The remedy was administered to each patient from the commencement of the treatment, dissolved in any drink they might prefer, and highly sweetened. The quantity of nitre dissolved in a pint of fluid never exceeded 20 grammes (℥v.), but usually a much smaller quantity, 10 or 15 grammes (℥iiss.—℥iv.), to each pint, was commenced with. The entire number of cases mentioned are twelve, of which two relapsed.

These twelve cases of acute rheumatism, in three of which endocarditis or pericarditis existed, were all cured at a mean period of 14 days from the commencement of the disease, and eight days from the commencement of the treatment. The mean quantity of nitre consumed in 24 hours, was 33 grammes (℥viij.), dissolved in three pints of fluid. The mean quantity of nitre taken during the whole treatment, was 374 grammes (℥xi. ℥vj.). The nitrate of potash usually occasioned copious perspiration, and sometimes abundant alvine dejections, and less frequently it caused a large flow of urine. The frequency and hardness of the pulse was rapidly diminished, and the impulse of the heart was lessened. The urine was frequently found alkaline.

This mode of treatment is applicable at any period of the disease; but, it generally succeeds the better, the nearer to the commencement of the attack it is administered. Occasionally symptoms of gastric disturbance occurred, which being overcome by suitable treatment, the remedy was resumed According to M. Arran, the only contra-indication is the existence of inflammation of the stomach and bowels.

It is to be regretted that it is not stated, whether the twelve cases mentioned constituted the entire number treated by this method; as we are thus left in ignorance as to the important point whether it has proved uniformly successful in all the cases which M. Arran has seen thus treated, or whether it has failed in any, or what proportion of cases.—*Journ. de Connaiss. Med. Chir.*

OPINIONS OF BENJAMIN FRANKLIN RELATIVE TO ANIMAL MAGNETISM.

(Extracted from a letter to M. De La Condamine.)*

Passy, March 19, 1784.

Sir—I received the very obliging letter you did me the honour of writing to me the 8th inst., with the epigram, for which please accept my thanks.

You desire my sentiments concerning the cures performed by Camus and Mesmer. I think, that, in general, maladies caused by obstructions, may be treated by electricity with advantage. As to the animal magnetism, so much talked of, I must doubt its existence till I can see or feel some effect of it. None of the cures said to be performed by it, have fallen under my observation, and there being so many disorders which cure themselves, and such a disposition in mankind to deceive themselves and one another, on these occasions, and living long, has given me so frequent opportunities of seeing certain remedies cried up as curing every thing, and yet soon after totally laid aside as useless, I cannot but fear that the expectation of great advantage from this new method of treating diseases will prove a delusion. That delusion may, however, in some cases be of use while it lasts. There are in every great, rich city, a number of persons, who are never in health, because they are fond of medicines, and always taking them, whereby they derange the natural functions, and hurt their constitution. If these people can be persuaded to forbear these drugs, in expectation of being cured by only the physician's finger, or an iron rod pointing at them, they may possibly find good effects, though they may mistake the cause.†

I have the honour to be, &c. B. Franklin.

LETTERS ON POLITICAL MEDICINE.

By T. Laycock, M.D., York.

LETTER VIII.—MEDICAL EDUCATION.

The education of medical practitioners is the most important branch of political medicine. The subject has been very recently, and very ably discussed; and several important principles have been evolved from the darkness and confusion with which it was surrounded; so truthful and so just, that they must ultimately establish a new and better system. One of these is, that medicine and surgery are indivisible both in theory and practice; and this principle alone will amalgamate the old medical corporations, or, if they resist, will overturn them. It is little better than sophistry to say, that the division into three *grades* (to use a favourite expression of a monopolizing party) has been called for by the public; for every one knows, who has at all considered the history of medicine, that the artificial divisions of physician, surgeon, and apothecary, have originated partly in the rudely elaborate materia medica of the early physicians; partly in the pride of fashionable metropolitan doctors; partly in the ridiculous restrictions derived from the Roman Catholic Church, with the clergy of which, medicine, at its origin, was closely allied. The tendency to a division of labour developed in all populous communities has no doubt contributed materially to maintain these distinctions; a tendency so constant, and so proportionate to given circumstances that a scale might be constructed having a new colony or a remote village at one end, and a European metropolis at the other. This scale would be an inverted cone, in which the occupations of one village denizen at the apex, would be divided amongst a dozen residents in the metropolis, at the base.

The laws by which medical education has been regulated have necessarily originated in the metropolis, and it is instructive to observe how they have been tinged, or rather deeply dyed with metropolitan ignorance, prejudices, and exclusiveness. The inhabitant of the remote and lonely village has scarcely been thought of. Even within the last two or three years, the London College of Physicians have shown by their regulations respecting *extra-urbem* licentiates that, in their opinion, an inferior grade of practitioner is quite good enough for the large portion of the population unhappily resident without that charmed circle in which London is comprised, and the radius of which is precisely seven miles.

It is, however, in the despised provinces that an inferior grade of practitioner is the most hurtful; and it is for the provinces that legislation is most demanded. The rural practitioner is, in his own person, the physician, surgeon, accoucheur, and apothecary, the oculist, aurist, and dentist. Unlike the village resident, the favoured inhabitant of the metropolis may not only avail himself of the skill of distinct practitioners in each of the above branches of practice, but can also consult a physician whose forte is in the treatment of diseases of the chest, or a surgeon whose peculiar practice is in diseases of the rectum or of the urinary organs. If he be poor, splendid hospitals are open to him; if rich, the best of talent is at his command. Few of these advantages can be obtained in the country; so that it is obvious, if qualification should be in proportion to the duties demanded, the rural general practitioner ought to be a better educated man than the town physician. He may well be less courtly; he ought certainly to be more learned and skilful. How idle then to talk of "the three grades" under such circumstances! The public demand, whether in town or country, is, in reality, not for certain grades of the profession, but for ease from disease, for prolongation of life, and for both at the cheapest possible price. A very insignificant minority indeed, have their physician, their surgeon, and their apothecary. It is the first object of medical education then, to meet these demands of the public; and, while doing this, to ensure the progress of the science, as well as maintain the dignity of the art of medicine.

With few exceptions, the curricula of medical education have hitherto been strictly medical, or, in other words, have left the cultivation of the mind, and the acquisition of the instruments of study altogether uncontrolled. The consequence of this has been, that, from time to time, individuals have forced their way into the profession by mere grinding, whose primary education has been exceedingly imperfect. Scarcely acquainted with the rudiments of Mathematics, ignorant of the Classics and even of the French language, their medical studies are imperfect and their ethics tortuous, because their minds are unexpanded and untrained. This has long been the acknowledged source of that baleful over-crowding and competition so obvious in the profession; and the remedy usually suggested is that of making medical education more expensive. Such a procedure is equally impolitic and useless. If we would strike at the root of the evil we must require that the student have acquired a good primary education previously to matriculation in medicine. The efficacy of this method has been proved. In France, before the year 1836, the graduate in medicine was only required to possess the degree of bachelor in letters previously to graduation, a title indicating no great amount of elementary knowledge; but in that year it was directed that he should also be a bachelor in science—science being in France a distinct faculty and consisting of two branches, namely, mathematics and physics. This regulation has had the remarkable effect of diminishing very considerably the number of medical students, which in the three faculties and secondary schools was in 1836, 1522; in 1837, 744; in 1838–9 596. The respectability of the profes-

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* The original of this letter is in the large and valuable collection of MSS., of the American Philosophical Society.

† In writing to Dr. Ingenhousz, some time afterwards on this subject, Dr. Franklin said, "Mesmer is still here and has still some adherents and some practice. It is surprising how much credulity still subsists in the world. I suppose all the physicians in France put together, have not made so much money, during the time he has been here, as he alone has done. And we have now a fresh folly. A magnetiser pretends, that he can, by establishing what is called a *rapport* between any person and a *somnambule*, put it in the power of that person to direct the actions of the *somnambute*, by a simple strong volition only, without speaking or making any signs; and many people daily flock to see this strange operation."—*Spark's Life of Franklin.*

sion, M. Girardin justly observes, is likely to gain rather than lose by this defalcation in numbers.

Supposing some such regulation adopted in Britain, a youth on commencing his medical studies would have a *useful* knowledge of the Classics and of French; of mathematics; of natural history, including botany; and of natural philosophy, including chemistry. His next step would be towards an acquaintance with the purely medical sciences. Those which are elementary would first demand his attention, and it should be ascertained by compulsory examinations conducted by paid examiners, that he had a competent knowledge of these elementary sciences before he be permitted to advance farther. This point attained, he could then enter on the study of the theory and practice of his art, and undergo his examination for the license to practice. The degree of doctor, or more properly, the rank of consulting practitioner, can never be granted as an *Academic* degree, as I have already shown; for it can only justly belong to the *experienced* as well as to the *learned* practitioner.

This multiplicity of examinations would constitute a real graduation, and would obviate many evils. It would secure a more accurate and a better digested knowledge of the elements of medicine; and at the same time would spare the advanced student that time and labour he is now obliged to expend on school-boy lore and dry minutiæ, but which would be more profitably devoted to the proper studies of his profession. It would also abolish that pitiable yet ridiculous humiliation which he must now undergo in being compelled to con his Celsus, or murder conversational Latin with a grinder, previously to being examined for his license. It would elevate the grinder into a private tutor. Above all, it would root up the useless certificate system, which is too often nothing better than a base traffic in lies.

It is now an acknowledged truth that self-education is the most desirable and most efficient mode of acquiring knowledge. The studies of the student should therefore be so directed that he may be led to adopt a system of self-education, which is in fact only another term for persevering industry. No fixed curricula, or mere examinations will do this. They will always be evaded by the idle and thoughtless, as they always have been. Nothing but rewards will stimulate industry in the mass: plain, positive, substantial rewards for superior knowledge, not paltry medals or empty honours. Medical appointments in the army or navy, in the colonies, in public hospitals or in medical schools, present such rewards, and should be conferred on the most deserving. These would be worth the struggle of persevering industry, because they hold out an honourable competence, as well as fame, to the successful competitor. Human nature is always the same; and the observation of the old Roman is as true now, as it ever was.

—— "Quis virtutem amplectitur ipsam
Præmia si tollas?"

But above all, the student should be systematically taught what he owes to his profession in the practice of his moral duties. It should be impressed on his mind that he has an undoubted right to a fair remuneration for his services, but that his success in life is intimately connected with the practice of a genuine unflinching philanthropy; that the principles of medical science have as close and important a bearing on the morals and welfare of mankind as the principles of religion; and that, if in thus asserting the dignity of his art he be called upon to suffer persecution or neglect from the prejudiced, the ignorant, or the frivolous, it is his duty to endure quietly and manfully. In short, that the course of conduct which Professor Smith describes as that of good and philosophic statesmen, should be his course. "The virtue of those men is only the greater," remarks this eloquent writer, "who, in the midst of difficulty and discouragement, labour much, though they have been taught by reading, reflection, and perhaps experience, to expect but little; who, whatever may be the failures of themselves or others in their endeavours to serve their fellow creatures, are neither depressed into torpor, nor exasperated into misantrophy; who take care to deserve success, but who do not think that that success is necessary to their merit: who fix their eyes steadily on the point of duty, and never cease according to the measure of the talents with which they are intrusted by their Creator, to unite their efforts, and embark their strength in the great and constant cause of wise and good men, the advancement of the knowledge and virtue, that is, in other words, of the happiness of their species."—*Lectures on Modern History.*

In every age there have been many practitioners of medicine who have thus thought and thus acted, and many still exist. What is now wanted is a united effort of the whole profession through a representative body elected under the guidance of such principles. Medicine would then advance the science of political economy as she has advanced the physical sciences. She would become the rallying point of that principle of political and social goodness which the Greeks termed Θέμις and the Romans *virtus*, and so give it a stability and safety it does not now possess amidst the conflict of selfish factions and parties.

York, June 24, 1841.

ERRATA IN DR. LAYCOCK'S LETTERS ON POLITICAL MEDICINE.

The readers of the PRESS are requested to correct the following errors in the above series of letters:—

Letter I., col. 1, last line—For "professed" read *possessed.*

Letter III., col. 1, line 3—Insert a period after "community," in place of the comma. Col. 2, line 17—For "Thus runs" read *This* runs.

Letter IV., col. 2, par. 2—For "majoi," read *magoi*; for "mortis" read *mortes.* Same col., par. 4—For "maladies, secrets," &c., read *maladies secretes,*" &c.

Letter V., col. 3, line 45—For "until they required experience," read acquired, &c.

Letter VI., col. 2, line 38—*Dele* the note of interrogation and insert a period.

Letter VII., col. 1, par. 2—For "right makes right," read *might* makes right. Col. 2, par 2—For "destines," read *destinies.* Same col., par. 4—After "exploring travellers," insert *The second would comprise colonial practitioners.* After the word "branches" in the next line, *dele* the comma and add *of medical* science. Col. 3, line 2—Place a note of interrogation after "Anglo-Saxon race."

POOR LAW INTELLIGENCE.

NENAGH UNION.—At a meeting of the Board of Guardians, held July 15th, it was resolved to appoint a medical attendant and an apothecary to the workhouse, with salaries of £30 and £20 respectively.—Dr. Richard Kennedy and Mr. Tracey were elected, and, to use the words of the *Nenagh Guardian*, "these gentlemen being called in, they freely acquiesced in the proposed division of salary, and respectively returned thanks to the board for their appointments." It was subsequently resolved that the master of the workhouse should have £45 and the matron £25 per annum, and "James Meagher, of Pound-street, was unanimously elected as porter, at a salary of £10 per annum, diet, and one suit of clothes in the year."

MEDICAL APPOINTMENTS IN THE DROGHEDA UNION.

TO THE EDITORS OF THE MEDICAL PRESS.

Pilton House, Drogheda,
July 12, 1841.

GENTLEMEN,—My attention has been directed to an article in your paper of the 23d ult., in which an *erratum* has had the effect of fixing on Dr. Phelan a responsibility from which I wish to relieve that learned gentleman. It is headed "Poor-law Intelligence—Drogheda Union," and is as follows:

"On the 16th inst., Mr. Brodigan brought forward his motion for dividing the salary of £40 a year, determined upon for the medical attendant, among four physicians. Mr. B. said nothing about clothes or rations, but in sup-

port of his views argued thus:—'Remuneration is not so much an object to young physicians as practice; and I think it would be no difficulty at all to procure four medical gentlemen who would discharge the duty for £10 each. I have taken the *opinion of Mr. Phelan, our late Assistant-Commissioner, a gentleman of considerable experience, and a member of the medical profession, and he is decidedly in favour of the distribution which I have proposed.*'

"Mr. Brodigan's motion was negatived by a large majority."

The *erratum* is in the word *distribution;* which should have been *double appointment.**

As I am strongly opposed to the appointment of a single physician to our workhouse, I will trespass on your attention in offering a few words of explanation of the motives which have led me to submit the motion above referred to. I gave a notice that when the appointment of a medical attendant would be brought forward, I would move that the salary of £40 should be divided amongst *three* practising physicians, in place of *one*. Having given the notice, I subsequently met Dr. Phelan in Dublin, to whom I mentioned my intention, when he gave his opinion that *three* physicians were not required for the Drogheda workhouse, as it was not to hold more than 850 paupers, while the Dublin houses, having three medical attendants, would hold 2000 each; but he approved of a *double* appointment as possessing manifest advantages. In consequence of this suggestion I modified my resolution so as to preserve the principle of a *double* appointment by enlarging the number to *four*, with an alternate monthly attendance of two physicians. I did so in justice to the inmates, as well as to the numerous members of the faculty in our locality. It appears to me to be a perfect absurdity to fix the low sum of £40 per annum, as the salary of the medical attendant, and to expect from him a constant attention to the duties of his office for such inadequate emolument. He cannot do it. To support himself and his family he must combine private practice, and this union I hold as perfectly incompatible with the public welfare. If the salary were fixed at some £300 or £400, a single appointment would be intelligible. A respectable physician might then engage to devote *all* his time to the workhouse; but when the claims of the public for economy have led to the adoption of the small allowance of £10 per annum, the sum becomes no object, and the situation must be sought for the practice, and other indirect advantages which it will afford. Under these circumstances I may ask what is the remedy? In my humble opinion—a *double* appointment, which presents the following advantages:—

1st. It will enable two physicians to preserve their private practice, through mutual or alternate relief in the workhouse.

2d. It will secure to the inmates, through the same means, that unremitting attention which no one physician, combining private practice with his public duties, can possibly afford.

3d. It will secure a consultation of physicians in critical cases.

4th. It is fairer to the faculty than exclusive selection; and—

5th. In case of absence or ill-health of one physician, the public are secured of attention to the wants and interests of the poor.

This last consideration is the great duty of a guardian, and in submitting the motion I feel that I have conscientiously discharged my duty.

I remain, gentlemen,
Your very obedient servant,
THOMAS BRODIGAN.

* The error was not ours; we quoted the passage from the *Drogheda Argus*. We confess, however, that we do not see the point of Mr. Brodigan's correction, or how it relieves Mr. Phelan from any responsibility he may have incurred. The only result of his advice appears to have been a proposition to give four medical officers £10 per annum, each; instead of giving three of them £13. 6s. 8d. each.—[Ed. M. P.]

EASTERN MEDICAL ASSOCIATION OF SCOTLAND.

The annual general meeting of this association was held on the 9th ult., at Dundee, when resolutions to the following effect were unanimously adopted:—

"That, at all special general meetings, members be allowed to vote by written proxies, on the particular business to consider which the meeting shall be called.

"That, instead of an association extending as at present over the three counties of Perth, Fife, and Forfar, associations be formed in each county, under the management of a president, secretary, and local committee; and that these local associations be united in one general association, to be called "The Provincial Medical and Surgical Association of Scotland.;'"

"That the management of this association be vested in a council, to consist of a president, the presidents of the local associations (who shall be vice-presidents of the general association), an honorary secretary, a treasurer, and one or more elected members from each local committee."

"That this meeting appoint a committee to draw up regulations for the guidance of the general association; which committee shall meet at such place as may be most convenient to the majority of its members—and shall report to a special general meeting of this association, to be held at Dundee, on the second Wednesday of August next; and that the president of the association, through the secretaries, shall give due notice of such special general meeting to the members."

"That the other local medical associations who have not yet joined us be invited to join the Provincial Medical and Surgical Association, as we can only hope to attain a just and proper degree of medical reform by union among ourselves."

The following gentlemen were named the provisional committee, to draw up regulations for the new association—James Miller, John Livingstone, John Young, David Frew, David Anderson, John Adamson, Andrew Hill, and John Crichton as chairman of the committee.

"That this association is more and more convinced of the necessity of reform of the medical institutions of the country, and deeply laments that the only measure yet submitted to parliament, inefficient as it is, should have received so little attention from honourable members."

"That this association is surprised at the opposition offered by the chemists and druggists to the progress of a measure calculated to advance their respectability and usefulness, and materially to benefit them as a trading body."

"That this association deeply regrets that the ministers of the crown absented themselves from the House of Commons, on a late occasion, when the medical profession bill should have come under discussion; and do earnestly recommend the members of the profession throughout the country to use their utmost influence to induce members of parliament to support a full and fair measure of medical reform."

"That the members of this association are glad to perceive the several life assurance companies have now recognized the justice of the claim made by the

profession, to be renumerated by the offices, for certificates of health; and again pledge themselves to return unanswered all such applications unless accompanied by a fee."

"That the next annual general meeting of the association be held at Perth, on the second Wednesday of June, 1842.

John Crichton, Esq., of Dundee, was elected president, and Alexander Webster, M.D. and John Livingstone, Esq., both of Dundee, were elected secretaries for the ensuing year.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 15.—Council met.

Read, opinion of counsel upon the case published with the minutes of last meeting.

The Treasurer reported the receipt of the following sums:—

Dr. Haslon, Portarlington, 10s. renewal subscription.

Dr. Lloyd, Cork, 10s. ditto.

Dr. Moorhead, Newry, 10s. ditto.

MEDICAL BENEVOLENT FUND.

TO THE EDITORS OF THE MEDICAL PRESS.

York-street, July 12, 1841.

GENTLEMEN—Will you be so good as to give the accompanying letter a place in your influential journal. I fear that, amid the din of politics, the gentle voice of a benevolent agitation will, for the present, be lost; but I have had my attention so often directed to the subject, in my capacity of a collector for the widow, whose appeal you several times kindly published, that I think it my duty to lay some of the letters which I received, without further delay, before the profession.

I am, gentlemen, your obedient servant,

CHARLES BENSON.

Wicklow, June 30.

DEAR SIR—I enclose you £1, as my subscription for the relief of the widow of a deceased medical man, whose case I see represented in the PRESS. It is much to be regretted that in a profession whose members are so liable to be suddenly cut off before they can have made a provision for their family, no fund is established to meet such cases. I am sure that, if such a measure were energetically brought forward by a few individuals of character in the profession in Dublin, that it would be well supported by the profession. In the hope that you may be induced to "agitate" for such a benevolent object, I am induced to trouble you with these observations, and am faithfully yours,

ANDREW NOLAN.

Dr. Benson.

TO SUBSCRIBERS.

Gentlemen in arrear are requested to forward their subscriptions to this office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 21, 1841.

SPEAK TO THE NEW MEMBERS.

WE have already repeatedly made it our business to warn our friends in the provinces to avail themselves of the opportunity now afforded them, of personally instructing members of parliament on subjects upon which medical men alone can instruct them. We say, "instruct them," because we all know, and they themselves admit, that they are utterly ignorant of all such matters, and those who are really anxious to discharge their duties, earnestly beg for information when applied to by their constituents. Let not those who are anxious to forward the objects held in view by those advocating the interests of our profession, suppose, that in seeking interviews with legislators, they are asking favours; on the contrary, if they are dealing with honest conscientious men, who respect their characters for veracity, and are determined to make good the promises and professions they have so lately made, the favour is conferred by him who contributes to the means by which such promises are to be realized. It is to be hoped that the new parliament will be occupied in some more useful and dignified manner, than in a desperate and incessant conflict of parties, and that the public business which has been suspended for the last two or three years, may receive proper attention. If this be the case, the health and lives of the people so disgracefully and criminally neglected, will be considered, and the suggestions of those who have charge of that department of the public service, receive the attention they deserve. At all events, the most prudent course is, to act on the conviction that such matters are to be really attended to, and that measures just and practicable may be adopted. Keeping this in view, every man who does not confess himself to be a log or cypher in the medical community, should prove the fact of his existence and vitality, by communicating with, and instructing the newly-elected member for his town or county either by deputy, or personally. Let no man, however humble, be deterred from urging the claims of his profession, notwithstanding the rank or station of the person he may find it necessary to apply to; let him recollect, and make the member of parliament he addresses, understand, that he is not soliciting personal favours, but forwarding public business, and advocating the cause of the public in general, and the poor in particular. Practically, this is best to be effected by deputations; not a county, town, or barony, but can afford three men to form one, and the more the better. Unless we keep perpetually dinging it into their ears, they will forget it all when they get into the political turmoil in London. Some rebuffs must be encountered, some humiliation submitted to, in these interviews, but allowances must be made for pride, vanity, folly, and natural arrogance, because these are infirmities, and after all not very common ones. Besides, the man who treats a deputation of gentlemen badly, when attending him on public business, may be left where he has been found: he can do little mischief except to his friends.

Deputations cannot be at a loss for topics. The brutal, and gratuitously offensive and insulting conduct of the poor-law people to the medical profession, and their denial of proper medical assistance to the poor, must be dwelt upon. Their desperate attempts to seize the medical charities, to enable them to pension off political partizans, and famishing hangers-on, must be thoroughly exposed, and their utter ignorance and incapacity in all matters relating to medical relief of the poor must be explained without reserve or delicacy. It is clear that the present wild and mischievous plans of the heartless, shallow, crack-brained theorists, must be changed if the poor are to derive any benefit from the enormous fund levied for their relief, and it is equally clear that in the present crippled state of the finances of the country, fifty thousand a year cannot be spared to keep up a corps of Commissioners, and Assistant-Commissioners, who, from want of employment, are perpetually doing mischief by their attempts to make it appear that they

have something to do, and that their services are necessary. Important changes, at least in the working of the poor-law in Ireland, are inevitable, and the members of our profession must be prepared to suggest and explain the nature of the changes necessary toward rendering the medical department efficient.

The failure of the vaccination act, and its causes, must be explained, and due credit given to the authors of the sixpenny contract plan for their share in it. On this point, let not deputations be mealy-mouthed, in fastening the mortality from small pox on the authors of it. Thousands, denied the protection of vaccination provided for them by a statute, but the other day enacted, are doomed to a cruel death, by a loathsome disease, in the course of a few years, and all because the execution of the act was entrusted to men who are utterly incapable of seeing two things at once, or feeling the value or importance of any thing which does not accord with their wretched theory.

The refusal of the executive government and the legislature to pay medical men for their public services, must be spoken of in terms suited to conduct so unjust and oppressive, and the enforcing attendance as medical witnesses at inquests and criminal trials, and then denying the remuneration to which the party thus compelled to give his services, is entitled, must be pointed out in such a way as shall prove our determination to submit no longer to any such extortion. The right assumed by certain persons in authority to settle the amount of remuneration to be given to medical men for attendance on persons within their controul, must be denied. If a magistrate, or police constable calls on a surgeon to visit an injured person, he must be taught that he is bound to pay that surgeon as other people pay him; and that he shall not tell him that he will give what he considers sufficient, because the patient is under his surveillance. No attempt is made to exercise such monstrous powers with respect to lawyers, attorneys, engineers, or contractors of any kind. In no other instance is the principle of impressment applied to obtain services of this nature for the public.

Gentlemen attached to fever hospitals and dispensaries have been repeatedly complaining that a fund derived from local sources heretofore applied to charitable purposes where levied, has been diverted to other channels; that, in fact, the fines levied at petty sessions, hitherto the property of the sick poor, have been seized and applied to purposes not at present well ascertained. This must be made a subject of discussion, by deputations, with the new members. Putting other considerations out of the question it is neither safe nor right that so large a sum, for it is, we believe, a very large one, should be taken from the department to which it belongs by previous statute, time, and usage, to be applied in a way which may perhaps create some suspicion as to its correctness, in a constitutional point of view. Every thing that could be done, has been done by the council of the medical association to secure a distribution of at least a portion of it to its original destination, the medical charities; but many still complain that they have had nothing but fair promises. Now is the time for the parties more particularly concerned to exert themselves, and if they do so, we are convinced that the subject is one which must excite attention.

With regard to medical reform we would recommend deputations to confine themselves to the prominent grievances resulting from the present deranged state of the institutions for medical education. As far as practitioners are personally and practically concerned, the great evil is the sale of certificates and diplomas to uneducated and incompetent persons, who are thus placed on a level before the public, with qualified persons. As long as examiners or councillors of corporations derive income, or patronage equivalent to income, from such sources, this abuse must continue. Let it therefore be prayed that the remuneration for actual services, as examiners, councillors, or teachers, shall be secured from some permanent unvarying fund, and not left depending on fees paid by candidates for the honours which these parties have to confer. In other words, let the inducements to perpetuate the present abuses be removed by providing an equivalent for the income derived from them by the present incumbents. Twenty millions were given to the West India planters, to loosen their grasp of the whip: from twenty to fifty thousand pounds would purchase the "vested interest" claimed in the manufacture of certificates and diplomas.

These are some of the topics to which the attention of legislators should be directed, but many others must suggest themselves to those anxious to improve the condition of our profession.

MEDICAL INTELLIGENCE.

GENERAL ELECTION.

Queen's County—The medical deputation waited on Sir Charles Coote, by appointment, at Ballyfinn, on Tuesday last. Doctors Croly, Hanlon, Jacob, Knaggs, and Walshe, were in attendance, and entered into a full explanation of the objects which at present engage so much of the attention of the profession.—Sir Charles received the deputation most courteously, and discussed each question brought under his notice in a manner which proved his anxiety to be made acquainted with the wishes of the profession, as well as with the general bearings of the case. He very kindly pointed out the obstacles which he considered are to be surmounted, and promised to use his influence to insure a careful consideration of medical affairs in parliament. The members of the deputation expressed themselves as much indebted, not alone on their own account, but on behalf of the profession generally, for the urbanity and kindness with which they were received, as well as the attention bestowed upon the object of their mission.—Sir Charles has, with his accustomed liberality, directed that £40 shall be presented to the Infirmary, for the benefit of the sick poor of the county.—*Leinster Express.*

ICTHYOSIS.

There is now exhibiting in London, at the Cosmorama-room, Regent-street, a fine specimen of this disease affecting nearly the entire body, but more particularly the arms and legs—in the person of a little boy, ten years of age. He is called by his exhibitors the "Cambrian porcupine youth;" and is described as "entirely covered with dark horny thorns, resembling the coat of a hedgehog or porcupine." We have rarely had an opportunity of examining so complete a case.—*Lancet.*

COLLEGE OF SURGEONS.

At a meeting of the council of the Royal College of Surgeons in London, on Thursday, the 8th inst., George James Guthrie, Esq., F.R.S., was elected president, and Anthony White and John Goldwyer Andrews, Esqrs., were elected vice-presidents of the college for the year ensuing.

UNIVERSITY OF LONDON.

Of the eighty candidates who presented themselves for examination at this University, fifty have passed, and the remaining thirty have been rejected.—*Lancet.*

DEATH FROM A DISSECTION WOUND.

Charles Boiteux, a medical student, died at Paris on the 3d instant. On the 25th of June this young man was engaged in the performance of surgical operations upon a dead body, in an advanced stage of decomposition. When leaving the Amphitheatre he perceived a slight excoriation upon the index finger of his right hand. On the 29th the veins of the fore-arm became inflamed, the lymphatic glands swollen, and, in spite of every care, the general symptoms showed themselves, and he sunk on the 3d of July.—*Gazette des Hopitaux.*

PROMOTIONS.

CIVIL.—W. Jameson, M.D., to be Assistant-Surgeon to Mercer's Hospital.

MILITARY.—Hospital Staff—To be Staff-Surgeons of the Second Class—Assistant-Surgeon W. J. Breslin, from the 9th Light Dragoons; Assistant-Surgeon T. Foss, from the 38th Foot; Assistant-Surgeon G. Ledingham, from the 24th Foot; Assistant-Surgeon T. D. Hume, M.D., from the 43d Foot.

To be Assistant-Surgeons to the Forces—Assistant-Surgeon F. H. Loinsworth, from the 62d Foot, vice Rutherford, who exchanges. E. F. Kelaart, gent., vice Duff, appointed to the 49th Foot.

62d Foot—Assistant-Surgeon W. Rutherford, from the Staff, to be Assistant-Surgeon, vice Loinsworth, who exchanges.

Royal Military Asylum—Staff-Assistant Surgeon J. L. Hartwell, to be Assistant-Surgeon, vice Smith, promoted.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	July 11,	62	48	29.650	.120
Monday	12th,	63.5	48	29.700	.003
Tuesday	13th,	64.5	48	29.768	.120
Wednesday	14th,	62.5	50	29.768	.025
Thursday	15th,	64	53	29.800	.245
Friday	16th,	65.5	51.5	30.100	.150
Saturday	17th,	67	53	30.000	

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A TREATISE on the NERVOUS DISEASES of WOMEN. By THOMAS LAYCOCK, M.D., Member of the Royal College of Surgeons in London, Fellow of the Royal Medical and Chirurgical Society, &c.

"The views taken are, in many instances, novel, and, throughout, highly interesting. We cannot conclude without strongly recommending a careful perusal of the work."—*Dublin Medical Press.*

"It displays an extensive acquaintance with the subject."—*Athenæum.*

Dr. Laycock's work will be perused with much interest."—*Lancet.*

"In the discussion of these subjects, Dr. Laycock evinces the judgment and knowledge of an accomplished physician. We think this portion of his work (Part III.) particularly valuable, as exhibiting a very complete and accurate delineation of the irregular forms of hysteria, so common in practice, yet so little recognised by the mass of practitioners."—*British and Foreign Medical Review.*

London: Longman and Co.

A CASE OF EXTREME DISTRESS.

TO THE MEDICAL PROFESSION AND PUBLIC.

The Daughter of a Clergyman, Widow of a Medical Man, who died lately, of a malignant fever, leaving her and two female infants totally unprovided for; the eldest three years and four months—the other sixteen months. Her Husband held a Public Institution for twelve years, and discharged the duties of it to the perfect satisfaction of the supporters of that establishment; he lost his life by fever, caught in attending some poor patients of his Institution, was cut off in fourteen days, in the thirty-fourth year of his age.

Thus, in the prime of life was he snatched from his afflicted and distressed widow, and helpless little orphans. The mother, who is now deprived of every earthly comfort by his death, looks with hope and confidence to the Medical Profession and Public for some pecuniary relief or assistance, to enable her to adopt some plan for the support of herself and children. Her husband went to considerable expense to establish a society and fund for persons circumstanced as his poor widow now is, which, had it succeeded, would have prevented the necessity of such an appeal as the present: but it pleased Almighty God to arrest him by the hand of death, and leave his widow and helpless charge to the sympathy and generosity of the Medical Profession and Public.

The following gentlemen will substantiate the facts of this case, and thankfully receive subscriptions:—

Sir Henry Marsh, Molesworth-street; Surgeon Wilmot, 120, Stephen's-Green, West; Messrs. Boileau and Brothers, 88, Bride-street; Dr. Whitestone, 32, Frederick-street; Dr. C. P. Croker, 7, Merrion-square, West; Dr. Hendrick, 34, Grafton-street; Thomas Wilson, Esq, 12, Temple-street, or at the Bank of Ireland; Dr. Benson, 34, York-street; George Fleetwood, Esq., 122, Stephen's-green; Dr. M. Collis, 18, Merrion-square, North.

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M. Collis, Esq., Merrion-square,	1	0	0
Dr. Montgomery, Molesworth-street,	1	0	0
Mr. Nicholls, Dawson-street,	1	0	0
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Wednesday, July 21, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXXXIV.] DUBLIN, WEDNESDAY, JULY 28, 1841. { PRICE SIXPENCE, STAMPED.

Lectures on General Pathology and Therapeutics, Delivered at the Faculty of Medicine, Paris, by M. Andral.—No. III.—
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ABSTRACT OF THE LECTURES ON GENERAL PATHOLOGY AND THERAPEUTICS,

DELIVERED AT THE FACULTY OF MEDICINE, PARIS,

BY M. ANDRAL.

BY M. MONNERET—NO. III.

ALTERATIONS OF THE QUANTITIES OF FIBRINE, GLOBULES, AND THE SOLID CONSTITUENTS OF THE SERUM IN DISEASE.

Diseases in which the Quantity of Fibrine is Diminished.—This class of diseases comprises maladies widely separated in our nosological arrangements, such as hæmorrhages, typhoid fever, scarlatina, &c., but which must be approximated if we merely regard the condition of the blood.

The cause of certain hæmorrhages is a diminution of the fibrine. But this diminution may be absolute or merely relative. 1st, The fibrine is sometimes really diminished, the amount of globules remaining natural (127). Here, then, there is an absolute diminution of the fibrine. 2nd, The quantity of fibrine remains natural, but the globules exceed 127. Here we have a relative deficiency of the fibrine. 3d, The fibrine and globules are simultaneously diminished. In all these cases the equilibrium of the two constituents is disturbed, and the blood is altered. This alteration may be spontaneous, or the result of loss of blood. The loss of blood must be carried very far to diminish the quantity of fibrine, for it diminishes the globules before it acts on the fibrine. This diminution of fibrine clearly distinguishes hæmorrhages from the phlegmasiæ, in which the quantity of fibrine is increased. These two morbid states, then, which it has been sometimes found difficult to separate, are clearly distinct.

In the fevers or pyrexiæ, the fibrine is normal or lessened, but is never augmented in quantity, and thus they are clearly distinguished from the phlegmasiæ. When fever is a symptom of an inflammation, then the blood is controlled by the inflammation, and presents the characteristic augmentation of fibrine; but in fever, independent of a phlegmasia, where the fever is the sole lesion, this does not occur. It must here be remarked that fever may accompany two kinds of inflammations. 1st, An inflammation may be produced by the same cause as that whence the fever proceeds, as occurs in small-pox, measles, and scarlatina: in these cases the local lesion is connected with a general cause; the inflammation of the skin has no effect on the composition of the blood, and the quantity of fibrine is not augmented. 2nd, The fever may exist as a complication of an inflammation, and here the augmentation in the quantity of the fibrine does occur. Without going too much into detail, we shall cite some examples in support of these general propositions.

Cerebral Congestion.—This is a disease hitherto ill-defined, and which does not uniformly present the same anatomical characters, since, all the symptoms being the same, we sometimes meet with considerable congestion, and sometimes remarkable paleness of the brain. In fifteen cases in which the blood was examined, the fibrine was often natural in quantity and never in excess, while in several cases it was considerably diminished. As regards the composition of the blood, and also the symptoms, there is more than one analogy between cerebral congestion and typhus fever. In both, the precursory symptoms are nearly the same; and in both also there is diminution in the quantity of fibrine.

Cerebral Hæmorrhage.—The most constant phenomenon in seven cases of this affection was diminution of the quantity of fibrine, and an increase in that of the globules. In one very remarkable case the fibrine fell to 1.9, while the globules ascended to the enor-

mous amount of 175.5: after some days the symptoms amended; a second bleeding was practised, and the fibrine had risen to 3.5, while the globules, though still in excess, had fallen to 137.7 This condition of the fibrine and the globules, so far from being an effect of the disease, contributed to cause it, because of the facility with which the blood, deprived of its natural quantity of fibrine, escapes from the vessels. The diminution of fibrine cannot, of course, depend on the small quantity of blood lost in this affection; it is, therefore, most probable, that a certain number of cerebral hæmorrhages, attributed to diminished plasticity of the blood, are due to the diminution of the quantity of fibrine.

Hæmorrhages.—The diminution of the fibrine is one of the alterations of the blood most frequently productive of hæmorrhages, and this result confirms those obtained by M. Magendie, by abstracting fibrine from the blood. We must not, however, suppose that the diminution of the fibrine is the sole cause of hæmorrhages: some hæmorrhages arise from an excess of the globules of the blood; the quantity of fibrine remains natural, but the physiological relation which should exist between these two important constituents of the blood being deranged, the condition of the fluid becomes really morbid. In the phlegmasiæ, pneumonia for example, hæmorrhages are of rare occurrence; but they frequently occur, on the contrary, in typhoid fever and scarlatina, in which the fibrine is diminished.

When the economy is debilitated from loss of blood, but in a moderate degree, hæmorrhages do not occur, because the globules and the fibrine have not as yet sustained any change; but if the loss of blood has been considerable, various hæmorrhages are apt to appear, such as petechiæ, ecchymoses, epistaxis—this is occasioned by the diminution of the fibrine, which, however, is not affected until the amount of the globules has been notably lessened. In the ordinary course of chronic diseases, hæmorrhages are seldom observed; but if the patient's constitution is seriously impaired, as where the digestion is impeded by cancer of the stomach, or from any other cause, the quantity of globules becomes diminished, and subsequently the amount of fibrine is also lessened: petechiæ and ecchymoses form on the skin, and blood also escapes in other directions. It might be supposed that in scurvy, diminution of the fibrine is the true cause of the hæmorrhage: analysis can alone determine if this be the case. Is the blood altered in a similar manner in scurvy and in chlorosis? Though we cannot appeal to analysis, which has not been performed because of the rarity of scurvy in our hospitals, we may answer almost with certainty that the blood is not similarly altered in these diseases. In fact, notwithstanding the similarity of the symptoms of the two affections; the extreme debility, the dizziness, the singing in the ears, the vertigo, the tendency to syncope, the dyspnæa, the palpitations of the heart, the wandering pains, &c., very great differences exist between the two diseases. In chlorosis we never have petechiæ, ecchymoses or considerable hæmorrhages. The bruit de souffle, constant in chlorosis, was not present in three cases of scurvy which fell under M. Andral's notice: we may thence conclude that the alterations of the blood are not the same, seeing that such marked differences exist between the two diseases.

Pyrexiæ.—The morbid conditions which constitute fevers do not immediately furnish clearly marked symptoms. We have first what are called premonitory symptoms; and if, during their existence, the blood be examined, in typhoid fever especially, it does not present one decided alteration: the fibrine is natural, sometimes, indeed, slightly diminished, but never augmented: the amount of the globules has always appeared increased.

Typhoid Fever.—Fifty-two bleedings were practised on twenty-one patients. In one case the quantity of fibrine was augmented, because there existed a well-marked legitimate pneumonia: in all the other cases, without exception, the fibrine was lessened or natural in quantity—its greatest amount was $3\frac{1}{2}$, its lowest 0.9: this is the smallest quantity of fibrine that has been yet met with in any disease. At the commencement, and in the first week of the disease, it continues natural, or is somewhat diminished in cases where the typhoid fever assumes the adynamic type from the outset; as the fever advances, and the symptoms become more serious, the fibrine sensibly diminishes, especially during the period of prostration. Thus, with a little habit, attention to the symptoms will enable us to predict the amount of diminution of the fibrine; this diminution is less marked in the inflammatory form than in the adynamic and artaxo-adynamic varieties. The diminution of the fibrine is not attributable to the influence of fasting and loss of blood.—Where the disease terminates favourably, and convalescence occurs, the fibrine augments in amount, and returns to its natural standard. We must not conclude that a very considerable diminution of fibrine prevents recovery, as some cases in which it went very far yet recovered.

We thus find that there is an inverse condition of the fibrine in the phlegmasiæ and in typhus fever. From analogy we may conclude that the blood is similarly affected in yellow fever, a disease characterised, amongst other symptoms, by frequent and considerable hæmorrhages.

Eruptive Fevers.—In these diseases the fibrine is never sensibly augmented, which shows what a difference there is between them and the phlegmasiæ. In two cases the fibrine fell decidedly below the natural standard: this happened at the period of the appearance of the eruption, and the symptoms were very analogous to those of typhus fever. One of these two patients was also attacked with hæmorrhage.

Measles.—In nine cases the quantity of fibrine remained perfectly natural.

Scarlatina.—The same was the case here. In one patient the fibrine rose to the limits of the phlegmasiæ, but nephritis co-existed. In another case the fibrine fell below the natural amount, but typhoid symptoms had set in.

Intermittent Fevers.—The results obtained in this malady were completely negative, whether the blood was examined during the period of access or of apyrexia.

Before concluding this subject, it may be observed that diseases, alone, influence the quantity of fibrine; for when their influence was absent, the quantity of fibrine was constantly found to be natural, as represented by 3, whatever was the constitution, strength, and alimentation of the patients, or the number of bleedings to which they had been subjected.

The Globules.—The globules contain—1st, An animal matter, which some regard as albumen, others as fibrine. 2d, Hematosine. 3d, Iron. In a healthy subject the amount of globules in 1,000 parts of blood is 127, but the quantity may vary. It is greater in plethoric, robust persons, in whom it has been hitherto supposed the quantity of fibrine is greater than natural. Feeble, pale, ænemic patients possess less globules than other persons. The amount of variation in the quantity of the globules compatible with a state of health is pretty considerable.

Augmentation of the Quantity of the Globules.—The number of the globules is very remarkably affected by the loss of blood and privation of food, whence great errors would be committed in appreciating their amount, if allowance was not made for these two influences. In every acute disease which

has existed for a certain time, the quantity of the globules is diminished: they may indeed be absolutely more numerous than natural, but in such cases they had previously exceeded the natural standard, and must have been lowered by the influence of the two causes just mentioned. The globules have no connection with the condition of inflammation. True inflammation with increase of the globules is excessively rare.

In 14 cases of rheumatism, the globules oscillated from 100 to 120; in 3 cases they fell to 90. No lower number occurred in pneumonia. An inflammation may arise and continue, notwithstanding that the globules are very much diminished. Thus in a case of rheumatism, the globules at first amounted to 114, and after six bleedings, they fell to 76. The loss of blood, not the inflammation was the cause of this diminution of the globules.

During the premonitory symptoms of continued fever, the globules do not fall below their natural standard. In a case of simple continued fever, they rose to the enormous number of 185.

Typhoid Fever.—The results of the first bleeding performed in this disease, must be distinguished from those of the subsequent ones. The general fact is, that the globules are more abundant, the nearer to the commencement of the disease the bleeding is performed; they usually vary from 130 to 149. At a late period they fall below 130, but solely from the influence of loss of blood and low diet, and not as a consequence of the disease. This alteration of the globules is not as well marked as that of the fibrine in the phlegmasiæ; in these latter diseases the fibrine is decidedly augmented *ab initio;* while in typhoid fever, the increase of the globules is by no means so constant or well marked. Augmentation of fibrine is essential to the existence of a phlegmasia: augmentation of the globules is not essential to the existence of typhoid fever, it is but one of the numerous elements of the malady, and may be absent. This difference is not surprising, when we recollect the numerous variations that occur in the symptoms of typhoid fever. The most decided fact respecting the globules in this disease is, that they never fall below their natural standard. A summary of cases made with a view to this subject, shewed that the globules exceeded 130 in 1–7th of the cases of the phlegmasiæ, and in upward of one-half the cases of typhoid fever.

Eruptive Fevers.—In small pox the amount of globules differs little from the physiological standard. It is tolerably high (137—140—146) in measles and scarlatina. In intermittent fever, the globules never augment from the influence of the fever alone: they remain at their natural amount, and in the progress of the disease may become diminished, but slightly and solely in consequence of venesection. When the patients fall into that peculiar cachectic condition so often produced by protracted intermittent fever, the globules become remarkably altered; in one such case they fell to 68.

Diminution of the Globules.—In all the cases to be now examined, the globules are constantly diminished in number. The facts connected with this alteration of the blood, may be distributed into several classes.

1st Class.—MM. Prevost and Dumas found the quantity of globules diminish in animals that had been frequently bled. The same diminution is observed in man, under the influence of loss of blood, and that whether the patient be in health, or labours under any disease; it is the more decided, the more frequent and the nearer to each other are the losses of blood; it sometimes occurs from a single copious hæmorrhage; or again, from a hæmorrhage repeated periodically as in menorrhagia; or cancer of the uterus. The greatest diminution of the globules yet observed (21), occurred in a case of this latter affection.

2d Class.—Diminished alimentation constantly diminishes the globules; the fibrine may not sustain any change. This diminution of the globules has been seen in cases of cancer of the stomach, and arose not from the organic disease itself, but its interfering with chymification. In a man labouring under cancer of the stomach, the globules amounted to but 49.

3d Class.—Does pulmonary phthisis by impeding sanguification, diminish the number of the globules? At first, while the tubercles are crude, the globules have a certain tendency to diminish; they do not exceed 122, and sometimes fall to 102. This is an interesting result, and establishes an analogy between phthisis and chlorosis; at the commencement of both which diseases, we have paleness of the face, and diminution of strength, and it is often difficult to say, from a mere examination of the general symptoms, with which disease we have to deal.

4th Class.—In the second period of phthisis, the globules are considerably diminished, but there are now several circumstances concurring to produce this result. The cutaneous, intestinal, and pulmonary secretions are often very copious, and it is easy to see that this must influence the blood. A diminution of globules is also found in females affected with copious leucorrhœa; and has also been observed in dropsies, where the globules sometimes fall to 68 or 60: dropsies however cannot be regarded, as frequently co-existent with diminution of the globules. In chlorosis the globules fall very low.

After considerable loss of blood in adults, and more especially in children, we observe infiltrations, which we may attribute to a diminution of the globules.

5th Class.—In Bright's disease the globules are not altered; they fell to 86 in a case of diabetes mellitus. In one case of diabetes, M. Lecanu found them amount to 122.

6th Class.—Workmen long exposed to the influence of preparations of lead, beocme affected with a peculiar cachexia; and their blood presents a considerable diminution of the globules, (88—80) we cannot explain this depression: it is as great as in the second stage of phthisis. We may compare these two diseases with the cachexia, resulting from intermittent fever.

7th Class.—It has been already stated, that the composition of the blood is modified during pregnancy. The general mean of the globules of the blood of 28 pregnant women, was 114. 117 during the first five months, or higher than the general mean. 111 during the last four months or below the mean, and during the last three months, they even fell to 108. These results require verification.

8th Class.—The globules may diminish spontaneously without any discoverable cause. In chlorosis, the globules alone are altered, the other elements of the blood remaining in natural quantity. In one case of chlorosis they fell to 38; in a woman, however, much debilitated by uterine hæmorrhage they sank to 21. In 11 cases of chlorosis the following were the numbers observed: 77, 70, 68, 56, 50, 49, 46, 38. In a very recent case there was the enormous diminution of 28, or 100 below the natural standard.

Treatment exerts a marked influence on the globules of the blood. In a woman bled for the first time, the globules amounted to 49; salts of iron were administered for some time, and venesection being again performed, the globules amounted to 64. In another female the globules amounted to 46 at first; the treatment was continued much longer, and when the strength had improved, the symptoms of chlorosis almost disappeared, the blood was again examined,

and the globules had risen to 95. We thus see the great influence exerted by iron on the globules, on which, and not on the fibrine, as was long supposed, it acts. We may reasonably suppose, though proof is wanting, that the iron acts by combining with the globules, which were deficient in that metal, but this defect of iron is a mere hypothesis unsupported by proof. We find quoted in many books, an analysis of the blood performed by Dr. Fedish, in which it is asserted, that there is a deficiency of iron in chlorotic blood; but no confidence can be placed in this analysis, in which the natural amount of fibrine in the blood is stated to be 20 in 1,000 parts; whereas it only amounts to 3 in 1,000 parts.

Chlorosis is not peculiar to females; but it is called anemia when it affects males, in which sex it is usually not so well marked. In one case the globules amounted to 77, in another to 68.

Clinical observation has long taught practitioners, that patients presenting every appearance of plethora, of the sanguineous temperament, and of a strong constitution, resist bleeding badly, and that their condition becomes aggravated under the influence of debilitating causes; vertigo, palpitations, and weakness supervening. The distinction between *false* and true plethora has been always drawn. In such patients the globules of the blood are deficient in quantity. We cannot explain why it is that this false plethora should so resemble the true plethora.

M. Lecanu has established, that the amount of the globules is greater in men than in women; M. Denis states, that this element is more abundant from birth to forty years than subsequently.

Alterations of the other Elements of the Blood.—In the serum there are two distinct parts, one liquid, the other solid, which remains when the serum is evaporated. This solid part amounts at a mean to 80 in 1,000 parts of blood; it may rise to 104, or fall to 60. These solid constituents may vary much in disease, they are very complex, and some may increase while others diminish in quantity.

The solid constituents of the serum are—1st, organic; 2nd, inorganic. The organic constituent is albumen, which constitutes 62 parts of the entire of these solid constituents, which altogether amount to 80. The albumen is separated by coagulating the serum. The inorganic constituents are in small quantity, amounting but to four: they are to the albumen as the fibrine is to the globules.

When much blood is lost, whether designedly or by disease, the albumen diminishes in common with all the constituents of the blood. The same result follows rigid abstinence from food; but the diminution is not so decided as is the case with the globules. In a case of cancer, where the globules were very much diminished, the albumen remained at 67.

In the acute phlegmasiæ, the organic constituent of the serum amounts to 72, that is to say, exceeds the natural standard. The maximum observed was 96, or 92 deducting what was not albumen: the minimum was 60: this latter number is so exceptional that it probably depended on some special cause. In acute articular rheumatism the solid materials of the serum have amounted to 96, the minimum being 73; most of the cases yielded a number intermediate between these two; six cases exceeded 90. In pneumonia the number obtained falls short of that in rheumatism: the minimum was 60, and occurred in a woman attacked with pneumonia immediately after parturition.—Usually the number oscillates between 70 and 80. It is impossible to tell on what depends this difference in the numbers observed in pneumonia and rheumatism.

In all the other phlegmasiæ, the quantity of the solid materials exceeded, rather than fell short of the natural standard.

In a case of phthisis, the solid constituents of the serum fell to 64, and in another case to 58. In typhoid fever the maximum exceeded that of pneumonia (91.64), but fell short of that of rheumatism. In chlorosis the results are not very decided; however, the solid materials exceeded the mean quantity, though theory would indicate the contrary.

Whenever in Bright's disease the urine contained albumen constantly and in large quantity, the albumen of the blood was sensibly diminished, as is easily understood. 61, 60, 57, were the numbers obtained in three cases. These results confirm those of Doctor Christison and M. Rayer.

Inorganic Constituents.—These may be divided into—1st, The alkaline. 2d, The saline portion. Much importance is now attached to the alkalinity of the blood, and it is generally thought that variations of the quantity of the alkali have an important influence on disease. It may be asked, for example, whether the fibrine may not increase or diminish according as there is more or less alkali present to dissolve it? and some few facts seem to support such a view.

M. Fleury analysed scorbutic blood, and found the alkali in excess. We might thence suppose, but not affirm, that blood which contains much alkali will not coagulate. A large proportion of water is not, as is commonly supposed, a cause of dissolution of the blood, as the blood in chlorosis evidently proves: dissolution of the blood depends on the absolute or relative diminution of the alkali. This point shall be again alluded to.

The fundamental idea of the humoral pathologists of the 16th century was to ascertain the amount of alkalinity of the blood, but they performed no direct experiments on the subject. Sylvius Delaboe arrived at a very remarkable result, which is true when properly explained—viz., that in putrid fevers there is an augmentation of volatile salt; of alkali. He also considered that in the plague, the blood is preternaturally fluid, and that the cause of hæmorrhages and of non-coagulability of the blood depended on the presence of an acid in that fluid.

Of the Salts and of the Serum of the Blood.—The globules are suspended in water strongly impregnated with albumen and salts: this is their natural vehicle, and they undergo a remarkable alteration if placed in pure water—an alteration which must also take place when water is injected into the veins; a process which must not merely dilute the blood with a quantity of water, but must also alter one of its constituents—namely, the globules.

The more abundant the water, the smaller the proportion of the other constituents. The constituent which has most influence on the water are the globules: if they augment, the water diminishes in quantity. The blood of plethoric persons contains less water than that of other individuals. There is a considerable quantity of water in the blood of nervous persons, which is the reason that they bear bleeding so badly. There is more water in female than in male blood. After 40 years of age, the quantity of water in the blood probably augments, as M. Denis has found the amount of globules diminish after that age.

The water of the blood cannot be augmented at pleasure: it is popularly thought that by copious injection of fluids the blood becomes more dilute; but this is an error: the blood may, indeed, become more aqueous, but only for a short period, the secretions soon augmenting and carrying off the excess of water. The same result follows the injection of water into the veins of animals; if the injections be pushed very far, the liquid is effused into the cellular tissue, and

death may be caused if the quantity is very considerable, in consequence of the alterations caused in the blood.

Besides the physiological and pathological conditions that influence the quantity of water in the blood, there are two other great influences—viz., abstinence from food and loss of blood. Moderate bleedings and, *a fortiori*, copious loss of blood, augment the quantity of serum. Hæmorrhages have the same effect. A woman lost a great quantity of blood from menorrhagia; the water augmented to 915, while it amounts physiologically to but 790 in 1,000 parts. The quantity of water may fall to 725. The number 915 has hitherto been observed only after very abundant hæmorrhages. 886 is the maximum observed in diseases where the augmentation of water was perfectly spontaneous. The water is much more susceptible of augmentation than of diminution.

In the first blood abstracted in rheumatism, the water exceeded its mean quantity, and very seldom, indeed, fell short of it. In second bleedings the water constantly increased, but in very various proportions. In the subsequent bleedings there was also uniform but very variable augmentation of the water. This increase is explained by the diminution of the globules, which always follows repeated venesections. During convalescence the quantity of water contained in the blood diminishes, and often very rapidly, after the patients have begun to take food. But in this respect there is great variety in different patients.

In pneumonia the results are less decided than in rheumatism. Amongst 21 cases, the water was below the mean in 13—the lowest number was 791, the highest 818. In the other phlegmasiæ, the results are the same. In 21 cases of pulmonary tubercles, the water, in most instances, exceeded the natural standard, and fell short of it in four only. From these results we deduce the general fact, that there is a tendency to augmentation of the water in the phlegmasiæ.

In the pyrexiæ the rule is, that the water diminishes, as is also the case in typhoid and eruptive fevers.—There is usually more water in the blood of patients affected with small-pox than of those labouring under measles and scarlatina, which accords with the augmentation of the globules.

In ten cases of chlorosis, the water was always below the natural standard, and the quantity observed in other diseases. In all the patients affected with false plethora, there is an increase of the quantity of the water. In Bright's disease the albumen is replaced by water, which is thus proportionate to the diminution of the globules, caused by the effects of the disease on the system.

We have hitherto considered alterations in the quantity of the constituents of the blood, but it is also important to study the quality of these elements: but as yet little is known respecting this subject.

The alterations resulting from the introduction of accidental substances, as bile, urine, milk, pus, encephaloid matter, into the blood, as also the history and mechanism of the formation of the buffy coat, shall be next considered.—*Gazette Medicale de Paris.*

ACADEMY OF MEDICINE OF PARIS.

July 6, 1841.

POISONING WITH ARSENIOUS ACID.

M. Caventou read the report of a committee consisting of himself, MM. Husson, Adelon, Pelletier and Chevallier on several memoirs respecting poisoning with arsenious acid, and especially on the contradictory results announced by M. Orfila on the one hand, and MM. Flandin and Danger on the other. The latter chemists affirm, that during the carbonisation of animal matter, there is generally produced a substance soluble in water which yields with Marsh's apparatus, crusts similar to those of arsenic and behaving like arsenic, with reagents; they also maintain, admitting that exceptional cases occur, that dogs when rapidly poisoned with arsenic pass no urine, and that consequently no inference can be drawn from the analysis of that secretion.

The committee attended MM. Danger and Flandin during ten protracted interviews. It is needless to enter into a detailed account of the experiments they performed; suffice it to say, that in a first series of experiments in which they carbonised or incinerated viscera of animals not poisoned; with nitric, or sulphuric acid, or with nitrate of potash, they never succeeded in obtaining from the products treated in Marsh's apparatus the pseudo-arsenical crust of which so much has been said.

MM. Flandin and Danger next operated by the three modes of carbonisation and incineration on the viscera of a dog poisoned with 15 centigrammes (3 grains) of arsenious acid, placed in the cellular tissue of the thigh; in each case characteristic arsenical crusts were obtained; but those obtained from the carbon gotten by means of sulphuric acid, were more numerous than from that gotten by means of nitric acid. The penis not having been tied, the urine could not be analysed.

The most important matter, that which the committee was particularly anxious to investigate, was to see those crusts yielded by carbonized animal matter, and which afford all the reactions of arsenic, though they do not contain an atom of that substance.

MM. Danger and Flandin, however, notwithstanding their numerous attempts, were unable to exhibit to us a single such stain. They merely showed us a yellowish white empereumatic substance; the result of the decomposition of animal matter in close vessels, or by the open fire, which they regard as consisting of sulphite and phosphite of ammonia; and which they say, if introduced into Marsh's apparatus, produces crusts so very similar to those of arsenic, that they must lead the experimenter into error, unless he possess remarkable dexterity.

If this mistake may occur so readily, how is it that MM. Danger and Flandin were unable to exhibit these crusts in even a single instance, when their express object was to succeed in so doing? Your committee readily see, that in fact such an error is impossible; for to admit of its occurrence, it would be necessary that an organic substance when treated with three or four times its weight of nitric acid, should yield as a residue sulphite and phosphite of ammonia. But this could never occur: it would be a true chemical contradiction.

If we suppose for a moment, that the carbonisation is imperfect, and that in lieu of a black charcoal, we have one, unctuous, adhesive and empyreumatic, and that such charcoal yields pseudo arsenical stains with Marsh's apparatus, some suspicion of poisoning would thus be excited; but when the experimenter obtained a sufficient number of those stains, he would see that they were dull, and not brilliant, that they were with difficulty soluble in cold nitric acid, leaving a dark brown residuum which only dissolved on heating the acid; and that on evaporating the solution to dryness, and treating the residuum with nitrate of silver, a yellow, and never a brick colour was struck; that the residuum dissolved in water and exposed to a current of sulphuretted hydrogen gas yielded no yellow precipitate; and thus mistake is plainly impossible.

Your committee considers the method of carbonisation with sulphuric acid, proposed by MM. Danger

and Flandin, as convenient and preferable to that in which nitric acid is employed, as it produces little vapour, and destroys the smell of the animal matter when putrified: its results too are precise. The employment of nitrate of potash is, however, still better, as it affords arsenical crusts of a more decided and obvious character.

MM. Flandin and Danger performed no experiments before the committee, with a view of proving that the secretion of urine is suspended during poisoning with arsenious acid. They admit, however, that the urine is not constantly thus suspended.

The experiments by M. Orfila, witnessed by your committee, were as follow:—

M. Orfila first treated with nitric acid a mixture of gelatine, sulphite and phosphite of ammonia, and spirit of turpentine. Water boiled on the resulting charcoal, and passed into Marsh's apparatus, yielded no crusts.

Sulphite and phosphite of ammonia, and spirit of turpentine, were next introduced into Marsh's apparatus, and 4 drops of an aqueous solution of arsenious acid were added; immediately there appeared large, yellow, brilliant, crusts containing arsenic recognisable by all its characters; and yet the aspect of the arsenic was here masked by a foreign substance.

The viscera of dogs, not poisoned, yielded no stains with Marsh's apparatus.

Three dogs were poisoned with 15, 30, and 60 centigrammes (3, 6, 12 grains) of arsenious acid introduced into the stomach, and a fourth was destroyed by placing 15 centigrammes in the cellular tissue of the thigh. The three first animals died in from 4 to 5 hours: the fourth survived 26 hours. The penis of each was tied, and their bladders after death contained about 60 grammes (930 grains) of urine. In a fifth experiment, 125 grammes of urine were obtained. The urine did not always contain arsenic at the time of death.

The liver of the dog poisoned with but 15 centigrammes of arsenious acid yielded, with Marsh's apparatus, numerous stains and a ring of metallic arsenic, which disproves the pretended difficulty of those experiments, and shews that a chemist of inferior dexterity cannot fall into error in analysing substances containing but a small amount of the poison.

Already, 30 years since, Rapp proposed the method of incineration with nitrate of potash; but he only applied it to the analysis of the membranes of the intestinal canal; for though the fact that arsenic is absorbed into the blood was then suspected, they despaired of detecting it in any of the viscera, save the intestinal tube.

It was soon seen that Rapp's method incurred the risk of considerable loss of arsenic, and that the best mode of obviating this was to supersaturate with nitre the entire substance of the tissue submitted to analysis, it having been first softened in warm water, so as to form a kind of paste, which, being dried and thrown into a Hessian crucible, heated to redness, the whole of the animal matter was burned on the instant, and a mass of combustible gas developed, capable of immediately converting the arsenious acid into a compound more highly oxidised and fixed by the potash at the highest temperature. M. Orfila's method has the same object in view, and affords exceedingly characteristic results; and we deem it decidedly preferable to carbonisation by sulphuric acid, which does not yield crusts so decidedly arsenical in appearance. The sensibility of the two methods is about the same; and either of them will always lead to a true result.

Zinc, it is said, may contain arsenic. M. Orfila could not detect it in more than 2 or 3 of upwards of 500 specimens of the zinc of commerce which he analysed. Laminated zinc should always be preferred. In an experiment on this point, the hydrogen was passed over fragments of glass moistened with a solution of sulphate (?) of silver; after the lapse of two days all the fragments of glass were of a deep brown colour, the presence of arsenic was consequently suspected; but it was found that the salt of silver had been blackened merely by the deoxygenating influence of a current of a combustible gas. We should not, therefore, conclude that arsenic is present merely from a current of gas causing a dark colour in a solution of a salt of silver, and this result should make us circumspect in employing the method of MM. Simon and Lassaigne.

The committee thence conclude—

1st. That viscera, exempt from poison, do not yield crusts when carbonised and tested with Marsh's apparatus.

2d. That arsenic obtained from the viscera of animals poisoned with that substance presents all the characters of that metal in a manner precluding the possibility of mistake.

3d. That arsenical crusts cannot be confounded with other crusts, especially with those alluded to by MM. Danger and Flandin.

4th. Animals labouring under acute poisoning with arsenic pass urine.

5th. The method of carbonisation proposed by MM. Danger and Flandin is good; but M. Orfila's mode of incineration with nitrate of potash is preferable as regards sensibility and the metallic aspect of the poison.

6th. The doubts thrown on the exactitude and precision of the researches of M. Orfila, as applied to medico-legal investigations, are unfounded.

M. Gerdy remarked that the report stated that MM. Flandin and Danger had been unable to obtain pseudo-arsenical stains before the committee, but that the report of the Academy of Sciences stated the reverse. [See Medical Press, No. cxxi., page 6.] M. Orfila first employed nitrate of potash; he then abandoned its use, and now he has returned to it again; this indicates candour on his part: but the report of the Academy of Sciences condemns this method, as requiring a large quantity of the reagents, and as being difficult of execution; and gives the preference to the method of MM. Danger and Flandin, which our committee in its turn condemns. Marsh's apparatus yields two kinds of crusts—arsenical crusts, and those which M. Orfila has called "*taches de crasse*." The report of the Academy of Sciences recognises the existence of these latter false crusts, and say that they are very analogous to the true ones, from which they can only be distinguished by chemical tests. Thus, cold nitric acid dissolves the arsenical, and will not dissolve the pseudo-arsenical crusts, as it leaves a brown residue which only dissolves when heat is applied. This is all well; but a little further on the same report adds that the true arsenical crusts also sometimes contain this brown matter which will only dissolve by the aid of heat. Both kinds of crust then possess a common character which obscures the distinction said to be so easy. These crusts too are excessively thin, which renders their colour very little sensible: and certainly when life depends on such a distinction, I can understand why hesitation exists on the subject. I certainly should never dare to pronounce an opinion on such grounds. The reporter of the Academy of Sciences has thoroughly felt the force of this objection, and declares that these signs should never form the grounds of an opinion: that it is necessary to obtain metallic arsenic. MM. Danger and Flandin deserve well of science: they have explained the formation of pseudo-arsenical crusts, which M. Orfila failed in doing. They have

demonstrated that human bones contain no arsenic: and their labours elicited from the Academy of Sciences the important fact, that we cannot from the crust alone decide on the presence of arsenic.

M. Orfila said that the report of the Academy of Sciences really supported his views, but that it had been distorted by some so as to appear hostile to them. That report stated that nothing was easier than to discriminate pseudo-arsenical from arsenical crusts—that when organic matter is completely carbonised by nitric acid, the residuum cannot possibly contain either sulphurous or phosphorous acid, as these acids must be transformed into sulphuric and phosphoric acids which do not yield any crusts; and that consequently pseudo-arsenical crusts must be formed when the carbonisation has been complete.

ANATOMICAL SOCIETY OF PARIS.

July 14.

ABSENCE OF THE ANTERIOR WALL OF THE THORAX; OBSERVATIONS ON THE MOTIONS AND SOUNDS OF THE HEART.

M. Cruveilhier having been requested by M. Monod to examine a new born child, in whom the anterior wall of the thorax was deficient, and the heart completely exposed and accessible to view, communicated to the society the result of his examination.

The heart was whitish in colour: while the infant was in the recumbent posture, respiration was tolerably tranquil; when placed erect, the weight and consequent traction exerted by the heart produced distress, manifested by the infant's cries, which ceased when the heart was supported by the hand. The following observations were made with the most extreme care, as to the motions and sounds of the heart.

1. The ventricles contract simultaneously, as do also the auricles; but the auricles and ventricles contract alternately, and with great precision.

2. There is no period of repose, a contraction is immediately followed by a reciprocal dilatation. The dilatation occurs suddenly, the contraction with a certain slowness.

3. The ventricles, in contracting, experience a kind of spiral rotation from right to left, and from their base to their apex.

4. On applying the finger towards the root of the pulmonary artery, a very manifest vibratory thrill is perceived. The same would probably be experienced, if the root of the aorta could be similarly touched.

5. If when the finger is in contact with the pulmonary artery, the ear be applied to the metacarpal articulation of the finger, a feeble dull first sound is heard, coinciding with the ventricular contraction; and a second very short and very clear sound coincides with the ventricular dilatation; that is to say, with the systole of the arteries.

6. Corresponding to the auriculo-ventricular and ventricular valves there is neither bruit or vibratory thrill.

M. Cruveilhier considers these observations as favourable to M. Rouanet's theory of the sounds of the heart. He thinks that the first sound is caused by the elevation, the second by the depression of the sigmoid valves, by the column of blood. The first sound is feebler than the second, because the elevation of these valves, produced by the contraction of the ventricles is less rapid than their depression, which coincides with the dilatation of the ventricles. In chlorosis, the contraction of the ventricles is sudden and energetic; in that disease the first sound is loud, and sometimes even masks the second sound.

M. Barth said, that the theory in question was satisfactory, as regarded the second sound of the heart, but was not so as regarded its first sound; for the heart being healthy, it was at the point where the ear perceived the impulse of the heart that the first sound was most perceptible.

M. Cruveilhier replied, that in the infant whom he had examined, the sound was feebler than usual, and he was inclined to admit that the impulse of the heart against the thoracic parietes contributed to its production under ordinary circumstances.

M. Mercier observed, that most of the fibres of the heart ran from the base towards the point, and from right to left, and it would appear, should produce torsion of the organ in a direction the reverse of that which had been observed. But, as the fact had been ascertained with requisite accuracy and precision, new anatomical investigations should be instituted, to enable us to explain it.—*L'Examinateur Medical.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, July 6, 1841.

Dr. Williams, President.

On Absorption and Regeneration of the Neck of the Thigh-bone after Fracture within the Capsular Ligament. By W. W. Beever, Esq., of Manchester. Communicated by Mr. Partridge.

The patient, a woman, aged 73, lived nearly four years after the accident. On examination no vestige of the neck remained, except a triangular portion of the under surface, three-fourths of an inch in length, which, from the obliquity of the fracture, had not been detached from the head. This was articulated by a distinct capsule to a second fragment jutting out from the shaft, and firmly united to it, immediately anterior to the lesser trochanter. This adventitious joint, and a band of ligamentous structure extending from the posterior edge of the head to the capsular ligament, formed the only connection between the head and the body of the femur. From the large quantity of callus thrown out by the trochanter and head of the bone, the author infers the possibility of bony union being effected.

Case of Aneurism of the Right Subclavian Artery, in which that Vessel was tied internal to the Scalenus Muscle. By Richard Partridge, F.R.S., Professor of Anatomy in King's College, and Surgeon to King's College Hospital.

The patient, David Hickiman, was a married man, 38 years of age, muscular, of a sallow complexion, and had lived rather an intemperate life. His occupation was that of a grinder and polisher of heavy iron plates; an employment requiring great muscular exertion of the arms. He had been the subject of several slight rheumatic attacks, and once, about a year before his admission into King's College Hospital, he had what he called a fever, which laid him up for six weeks, and was attended with cough and pains about the upper of the chest. After this illness he was always subject to pains below the clavicle, which were brought on by any unusual muscular exertion. In August, 1840, about five months before admission into the hospital, he began to experience pains along the right side of the neck and over the corresponding shoulder, with numbness of the arm, and an increasing want of muscular power in the whole limb.

About a month after the appearance of these symptoms, a pulsating tumour showed itself above the right clavicle; and as this enlarged, the numbness of the arm and the pains in the neck and shoulder be-

came worse, so that, finally, the man was obliged to abandon his employment.

Feb. 1, 1841. Hickman was admitted into King's College Hospital. He had then an aneurism of the right subclavian artery, extending from the outer border of the anterior scalenus, which it appeared to overlap, downwards behind the clavicle into the axilla as far as the lesser pectoral muscle. The tumour was slightly compressible, and appeared to contain fluid blood. Upon a careful examination, the right common carotid and the subclavian internal to the scalenus seemed healthy; the arteria innominata was thought to be enlarged, as well as the arch of the aorta; it could not be ascertained that they were otherwise diseased. No disease could be detected in the heart or lungs, though there was pain on percussion beneath the right clavicle. The pulse at both wrists was about 80, full, soft, and regular.

The right upper extremity was somewhat wasted comparatively with the opposite limb. The patient's rest was at night very much disturbed by the pains and numbness of the arm.

The patient was placed in bed at perfect rest, with low diet, and occasional aperients.

The pains in the limb were relieved by wrapping it in flannel: and this, with an occasional opiate at night, procured him comfortable sleep.

The patient was bled from the left arm after his admission four times, at intervals of three or four days. After these venesections the pulse always became lower, and they appeared to have the effect of diminishing the pains in the arm and shoulder.

Feb. 20. Mr. Partridge put a ligature on the subclavian artery internal to the scalenus.

An incision was made between three and four inches in length along the clavicle to the centre of the upper border of the sternum, dividing the skin and platysma; the sternal origin and part of the clavicular fibres of the sterne-mastoideus, were next exposed and divided, and then a small anterior jugular vein which crossed the incision; afterwards the sterno-hyoid and sterno-thyroid muscles were cut across, and after some careful dissection the artery was exposed, lying very deeply at the bottom of the wound. The vessel was large, but otherwise healthy; the internal jugular vein and the nervus vagus were drawn to the outer side of the wound, and a strong thread ligature was passed around the artery by means of a common aneurism needle; care being taken to avoid wounding the pleura, which lay immediately underneath the vessel. Upon securing the ligature, pulsation in the tumour and at the wrist ceased.

Soon after, being placed in bed, the man felt sick, and vomited.

In the evening, about four ounces of blood were lost from the small anterior jugular vein, which had been divided during the operation: it was secured with a ligature. At night the patient complained of pain at the pit of the stomach; this was relieved by an opiate draught, and he dosed quietly until morning, when the pains at the stomach returned severely, accompanied by thirst: it yielded to venesection, but after a few hours recurred, and was not, as before, relieved by bleeding. The thirst also returned, and pain was felt along the right side of the sternum, and the pulse and respiration were quickened. A very faint pulsation was felt at the right wrist, and continued until the patient's death. The symptoms increasing day by day, the patient soon became exhausted; his face was pale, and covered with a clammy sweat; his look became anxious; the pulse small and very rapid; and the respiration quicker. The thirst was excessive; but all attempts to relieve it by fluids, produced intense pain at the scrobiculus cordis. Temporary relief was afforded by leeches and mustard-poultices, applied to the chest and pit of the stomach, but the pains soon returned. On the 24th of February (at eleven, A.M.), the fourth day after the operation, the man died.

On the 26th, the body was examined as carefully as could be done at the patient's house, where it had been removed by the friends. The aneurism was found to extend from the outer edge of the scalenus to the lesser pectoral muscle; internally, the sac turned over the outer border of the scalenus, and overlapped it. It contained coagulated blood, but no fibrinous deposits, and its coats in some places were exceedingly attenuated. It would have been impossible to have placed a ligature on the artery, either on the outer side or behind the scalenus. The ligature was found on the artery, midway between its origin and the inner border of the scalenus anticus. The nervus vagus, the recurrent nerve, and the pleura, were uninjured.

In the chest, on both sides, were found old adhesions, between the pleura costalis and pulmonalis, with serum in the cavities of these membranes, but especially on the right side of the chest, where the pulmonary portion of the pleura was slightly coated with recent lymph. There were tubercles, in a quiet state however, scattered through the upper lobes of both lungs. A small quantity of serum was found in the pericardium, and its inner surface was coated with a thin layer of recent lymph. The heart, arch of the aorta, arteria innominata, and both common carotids, though rather larger than natural, were healthy. Three small deposits of pus were found in the cellular tissue near the wound, and along the anterior mediastinum: they were unconnected with each other. The wound itself looked healthy. No clot existed, either in the subclavian artery, or in the vessels springing from it. None of the veins were inflamed. The stomach appeared quite healthy.

The author, after detailing the case, states his reasons for putting a ligature on the subclavian artery, internal to the scalenus, in preference to any other operation. He next proceeds to take a review of the symptoms, and the probable cause of death, and compares them with those which were observed in other cases in which this operation had been performed.

Case of Fatal Encephalitis, with Hemiplegia, immediately excited by Cantharides, in consequence of intense Predisposition from Basilar and Internal Carotid Aneurisms. By P. W. Kingston, M.D., Physician to the St. James's and St. George's Dispensary.

James Hullah, between fifteen and sixteen years of age, shoemaker, admitted Dr. Kingston's patient at the dispensary, Oct. 17, 1836.

He has for three years and a half had a throbbing tumour at the right side of the neck, which has gradually reached the size of two-thirds of an orange, but has otherwise been considered strong, and free from ailment, till this morning, when he was suddenly seized with vomiting and with numbness, and almost total loss of power of the trunk, the right arm and leg, the right side of the mouth, and the tongue. Pulse 80; bowels confined for four days. He died in thirty-eight hours and a half: during this period the urine was almost entirely suppressed; the vomiting continued frequent; there was occasional suspension of respiration, followed by spasm of the larynx: he lost, after a time, the power of deglutition, and became by degrees completely comatose.

It was ascertained that the night before the seizure he had taken some Spanish fly in an apple. The body was examined sixteen hours after death. Patches of the mucous membrane of the stomach

presented a degree of redness, softness, and elevation, which contrasted strongly with the appearance of the adjacent parts. The spleen was softened. The kidneys were much congested, and their cortical portions softened: the pelvis of the right was filled with a nearly opake, white, flaky fluid, of creamy consistence. The mucous membrane of nearly half the bladder was deeply reddened and much softened. There was a large aneurismal dilatation of the right internal carotid artery; and one of the basilar artery, of the size of a moderate walnut, which appears to have formed gradually, and without rupture of its tunics. The pons Varolii had become flattened by the pressure of the basilar aneurism, and was much softened for the depth of a quarter of an inch. The right lateral ventricle contained an ounce of limpid serum; the left none.

In his evidence given at the coroner's inquest in this case, the author commented upon the fact, that the fatal termination immediately occasioned by cantharides would not have resulted from so small a dose, but for the predisposing causes here noticed. And he points out the application of which this kind of reasoning is capable, in many trials for murder.

Two Cases of Dislocation of the Tendon of the Long Head of the Biceps Humeri from its Groove. By John Soden, Esq., Jun., of Bath. Communicated by Mr. Partridge.

The first case is that of a man of advanced years, who injured his right shoulder by falling upon his elbow; six months afterwards he sustained a second accident, a compound fracture of the skull, of which he died; and an opportunity was thereby afforded for examining the nature of the first injury. The symptoms of the injury of the shoulder were always obscure, an account of an alteration in the relative positions of the bones of the joints, which did not, apparently, depend upon fracture, and could not be considered to amount to a partial dislocation, to which, however, it appeared to be more closely allied than to any other known injury.

The joint was flattened at the posterior and outer parts, and the head of the humerus was unduly prominent in front, and closely drawn up in contact with the under surface of the acromion, grating against it on motion, and becoming locked with it by the upper edge of the greater tubercle striking against that of the acromion on abduction of the arm.

The underhand motions were not much interfered with, except that the patient had no power to raise any object from the ground, on account of the severe pain induced by exercise of the biceps muscle. On examining the joint, the accident was found to be a dislocation of the tendon of the biceps from its groove, unaccompanied by any injury.

The joint exhibited extensive traces of general inflammation, and the capsule was thickened and contracted.

The author infers that the altered condition of the bones was dependent on the displacement of the tendon, and he explains its influence in the following manner.

The head of the humerus being placed on an almost flat surface, and not inclosed in a bony cavity, is subject to the controul of the capsular muscles which invest it on three sides. These muscles may be said to arise from the upper three-fourths of the circumference of a circle, to the centre of which, represented by the head of the humerus, they converge.

To enable the bone to maintain its equilibrium, it is necessary that the capsular muscles should exactly balance each other; and as there is no muscle from the ribs to the humerus to antagonise the upper capsular muscles, it is suggested that this office is performed by the singular course of the long tendon by the biceps, which, by passing over the head of the bone when the muscle is put in action, tends to throw the head downwards and backwards. It follows, therefore, that the tendon being removed, the head of the bone would rise upwards and forwards.

Allusion is then made to the frequency with which injury of the tendon is involved in accidents to the shoulder-joint. A paper by Mr. Gregory Smith, in the 14th volume of the "Medical Gazette," on the "Pathological Appearances in Seven Cases of Injury to the Shoulder," is quoted, to show that in all those instances which were accidentally met with in the dissecting-room, and are consequently without histories attached, the tendon was either ruptured or displaced, and the same altered condition of the bones, as in the present case, was noticed in some of them.

The subject of partial dislocations of the humerus is next considered with reference to the probability of an injury to this tendon being involved in the production of that accident. Only three dissections of partial dislocations are on record: they are to be found in a paper by Mr. Hargrave, in the "Edinburgh Medical and Surgical Journal." One fell under the observation of Mr. Hargrave himself; and the others he quotes from Sir Astley Cooper's large work, and from Dupuytren's "Leçons Orales." In Mr. Hargrave's case the tendon was ruptured; in Sir A Cooper's case it had been, but had become subsequently reunited, and in Dupuytren's its condition is not mentioned.

The second case is that of a man who, among many other injuries, sustained a dislocation forwards of the humerus. Great difficulty was experienced in the reduction, and after death, for the man only lived a few days, the joint was examined; it was found that the tendon was dislocated, and that it had passed completely over the head of the bone on its inner side, and was lying at the back of the joint. The author attributes the difficulty of the reduction to this complication with the displacement of the bone.

An Account of Two Cases of Aneurism of the Trunk of the Superior Mesenteric Artery; in one of which Jaundice was induced by Pressure of the Sac. By James Arthur Wilson, M.D., Physician to St. George's Hospital.

The symptoms which had most attracted attention during life in the first of these cases, had been very severe pain between the shoulders along the track of the sixth or eighth dorsal vertebræ. The patient died, after an illness of about six months, in a state of great exhaustion, much aggravated by mercurial salivation.

On examination of the body, a large tumour was seen extending from behind the head of the pancreas upwards, forwards, and outwards to the right side. The ductus communis was in close contact with this sac, but was, however, pervious to a probe. The pori biliarii of the liver were universally much enlarged. The heart was small; the membrane lining its cavities uniformly yellow. Tubercles of a consistence like mortar, and of a yellow colour, were observed in the lungs. In the head, the dura mater was unusually yellow; but both tunica arachnoidea and pia mater were free from that colour. The substance of the brain was also normal in colour; but a thin yellow fluid could be pressed from the divided surfaces of many of the vessels. The synovial fluids contained in the cavities of joints was yellow; their cartilages were of the normal colour. The stomach contained thick yellow mucus.

The author observes, that this case may lead us under similar circumstances, to apply the ear to the

upper part of the abdomen, as a means of inquiry; it may also prevent our being taken by surprise, in the event of sudden death: he also remarks on the inefficiency of the mercurial treatment adopted.

In the other case noticed by Dr. Wilson, there was a tumor pulsating in the epigastric region, about the size of a small orange, which, when the patient lay flat, projected to the left of the scrobiculus cordis. When the patient turned to the left side the tumour ceased to be perceptible. On his turning to the right it might again be observed.

Between February 11th, when he was admitted, and July 12th, when he died, he was attacked with frequent hæmoptysis; and towards the last, symptoms of phthisis presented themselves. In the course of this illness there was severe and increasing pain down the dorsal vertebræ, and cramp in the legs; and the tumour became more and more tender to the touch. The aneurism in this case was in the trunk of the superior mesenteric; it was large and kidney-shaped, raising up with it the pancreas, which lay at the upper extremity of the tumour.

The author notices, as distinguishing points in these two cases of aneurism of the superior mesenteric artery, that jaundice was, during life, a symptom of the one, hæmoptysis of the other. In the latter case the lungs, he observes, were extensively diseased by tubercles of the common kind.

Case of Fatal Peritonitis from Effusion of Bile into the Peritoneal Cavity, through an Ulcerated Opening in the Gall-bladder. By William Bell, M.D.

This case is viewed by the author as one of rare occurrence; the inflammation which precedes ulceration of the gall-bladder, tending to adhesion of the adjacent viscera with its coats. The facts disclosed by dissection were as follows:

Effusion of a cinnamon-coloured fluid among the small intestines: convolutions of the bowels glued together by coagulable lymph. The peritoneum investing the convolutions of the small intestines, presenting on their anterior aspect a well-defined, bright-red stripe.

Marks of recent inflammation of the caput coli, and of the peritoneum lining the abdominal parietes; liver not morbid; gall-bladder containing two concretions, and perforated on the side next the stomach by an ulcer of sufficient size to admit a crowquil.

The duration of the attack of peritonitis was sixty-three hours: its symptoms were not unusual or extraordinary. They were treated first by remedies intended to subdue presumed irratation; these quieted irritability of stomach, but did not relieve the pain. Then leeches, fomentations, and the other remedies, indicated by presumed inflammation, were used. Little relief seems to have been attained until an opiate enema was thrown up. All pain then ceased, and the patient continued comfortable, and apparently in a favourable state, for some hours. The pulse now became contracted, quick, and feeble, without, however, any return of pain: the skin became hot and dry, and the patient gradually sunk till she expired.

The society adjourned until the second Tuesday in November next.

DISLOCATION OF THE RIBS FROM THE SPINE.

It will be in the recollection of our readers that much interesting discussion upon the possibility of the occurrence of this accident took place at the meetings of the Surgical Society of Ireland, during the past session. In noticing our reports of these discussions, *L'Examinateur Medical* (a new French weekly journal) quotes from the *Bulletin de la Société Anatomique de Paris*, for 1839, a case related by M. Boudet, in which the head of the fourth, left rib was dislocated forwards and inwards, tearing the pleura and lung. There was also a fracture of the corresponding transverse process. The accident occurred in a man 32 years of age, and was occasioned by a fall from a considerable height. The editor states that he had himself examined the preparation, the true nature of which admitted of no doubt.

After citing the cases observed by Dr. V. Dunn and Mr. Finucane (see Medical Press, Vol. V., pp. 71, 145) the editor remarks:—"In these two cases, the transverse processes were not fractured, as in the observation of M. Boudet; and in whatever manner we look upon the question, we can no longer doubt the possibility of a luxation of the posterior extremity of the ribs *forwards*.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

INFLAMMATION OF THE ABDOMINAL VISCERA AND PARIETES.

TO THE EDITORS OF THE MEDICAL PRESS.

Armagh, June 30, 1841.

Gentlemen,—I send you the copy of another fatal case, with the *post-mortem* appearances, which you may deem interesting, and worthy of a place in the columns of the Press.

I am, Gentlemen,
Your obedient servant,
ALEXANDER LANE, M.D., R. N.

May 28, J. N———, aged 19. 7 P. M. has had rigors—complains of pain along the whole length of the crest of the left ilium, increased on pressure—pulse natural—skin cool—tongue clean—bowels regular.

℞ Pulv. jalapæ ℈i.
Pulv. scammonii gr. v.
M.— stat. sumend.

29th—Bowels freely opened—pain continues, extending upwards to the last rib, and downwards to the knee—no appetite—general uneasiness—skin dry, but not hot.

Pulv. ipecac. comp. gr. iv. 3tis. horis.

8, P.M.—Easier.
Cont. med.

The skin is moist, and there is some thirst.
Aq. hordei.

30th.—Much relieved—pain less severe.
Sulphat. magnes. unciam.

8, P.M —Four evacuations—feels much easier.
Habeat haust. opii.

31st.—Pain more severe—skin hot and dry—tongue foul and dry—pulse rather quick—thirsty—bowels open.

Tart. ant. ad nauseam, et appr. empl. lyttæ, ad part. dolent.

6, P.M.—Blister rising—pain much diminished.
Pulv. ipecac. comp. gr. xv.

Midnight.—Very restless and uneasy—complains much of hip—pulse full and quick.

V. S. ad ℥xxiv. producing syncope.

June 1st.—Better—skin cool and moist—less thirst—pulse less full and quick—tongue foul, but moist—urine rather high coloured—blister rose well—pain much less severe.

Pulv. jalap. et. rhei. āā. ℈i.

8, P.M.—One stool—skin hot and dry—restless—pain of hypogastrium on pressure—tongue dry—less thirst—pulse 69.

Submur. hydrarg. ℈i.
Pulv. opii. gr. i. 4tis horis.

2d.—Cannot suffer to be touched or moved—extreme sensibility of the whole body—skin hot and dry—thirst—pulse 69.

Cont. med.

2, P.M.—Hypogastrium more painful.

App. empl. lyttœ.

Enema emolliens pro re nata.

8, P.M.—Blister rising—very restless and uneasy.

Acet. morphii gr. i.

Aq. ℥i.

M.—Habeat ℥ii. statim.

Omit. sub. hyd. c. opio et habeat sub. hyd. gr. v. 3tis. horis.

3d.—Slept well—pulse 72—tongue cleaner, but dry—edges clean and moist—pain more diffused—hypogastrium easier—skin less hot but dry—thirst continues—very irritable.

Rep. sub. hyd.

Enema c. ol. ricini uncia.

2, P.M.—Two copious stools of a dark coloured liquid—excessive pain on motion.

Haust. Morphii ℥ss.

10, P.M.—very irritable and restless—pain of spine—cannot bear pressure or motion—skin less hot, but dry—tongue cleaner—pulse 68.

Omit. med.

Midnight.—No Alteration.

Sub. hyd. et pulv. opii. ā. ā. gr. ii. statim.

4th.—Pain more general, and less severe—skin dry—but not hot—pulse 68—slept well.

Rept. med.

6, P.M.—Has been easy since noon, with a considerable diminution of pain—heat of skin increased.

Rep. med.

Midnight.—Haust. Morphii ad ℥ss.

5th.—Slept well—pain less severe—thirst—tongue brown in the centre and dry—skin less hot.

Enema emolliens.

Noon.—Sub. hyd. gr. x. c. haust. morphii. ℥ss.

6, P.M.—A copious evacuation, containing a few scybala—felt very uneasy for some time after the stool.

8, P.M.—Rep. med.—Midnight.—Rep. med.

6th.—The entire surface of the body is perfectly yellow—motion and pressure are followed by excessive pain of the whole frame—skin dry, but not hot—thirst—pulse 69, and soft—tongue brown and dry—says his mouth is sore—no mercurial fœtor—disagreeable odour from body—enema emolliens—which produced a copious dark-coloured watery stool.

10½, A.M.—Ol. ricini ℥i.—Noon, a stool similar to the last one.

4, P.M.—Very restless—pulse weak and unsteady—haust. opii.

4½, P.M.—Diminution of strength—urine high coloured.

Sub. hyd. ℥ss. pulv. opii. gr. iii. in chart. iv. sumat i. 4tis horis.

7th.—Slept well—pulse more firm and full—pain less severe—tongue moist and cleaning—less thirst—skin hot and dry—not disposed to answer questions.

Emp. lyttæ nuchæ.—Noon, one evacuation.

6, P.M.—Very uneasy—a desire to scratch blistered surfaces.

Camp horæ gr. x. mucil. acaciæ ℥vi.

M.—sumat ℥i. 4tis. horis.

Midnight, sleeping.

8th.—4, A.M.—Breathing laborious—general clamminess of body—pulse faltering—54—gradually sinking—11 A.M., died

Examination five hours after death.—Body full and muscular—six feet in height—joints large—upper lobe of left lung adhering from prior disease—lung appears somewhat darker than usual—upper lobe of right lung almost black, I observed on its surface a number of elevated spots of different sizes, which, when opened, poured out a sero-purulent matter—the largest might contain about two drachms—they had no decided form, and appeared of a carcinomatous nature; some were just forming, and contained no matter—lower portion of lung healthy—stomach contained a small quantity of a coffee-like fluid, with some grey ropy mucus. Several bright red spots were observable on its anterior cardiac portion; the pyloric extremity was healthy—mucess coat firm throughout—on the anterior surface of the duodenum there was one bright red spot, the size of half-a-crown. Six inches of the jejunum, 18 inches from the duodenum, appeared to have suffered severely; the peritoneal and mucous coats were highly vascular, and easily separated. Several smaller spots were observable on the peritoneal coat of this tube; one large vascular spot on the mucous surface of the caput coli; the peritoneal covering of the sigmoid flexure was highly vascular to the extent of six inches, and of a bright red colour; the spleen was double its natural size, gorged with blood, and its parietes very easily torn. Liver healthy—intestinal tube distended with flatus, contained no fœculent matter; but a small quantity of fluid similar to that found in the stomach. Left kidney healthy—peritoneal coat vascular—right kidney, upper half gorged with blood, and its peritoneal coat separated by a yellow serous fluid—lower half healthy—urinary bladder healthy. An incision prolonged from the linea alba to the spine, on the left side, mid way between the crest of the ilium and short rib, exposed a large abscess situated between the external and internal oblique muscles, and containing eight ounces of a sero-purulent matter, and also a large tendinous slough. An incision along the crest of the ilium, gave vent to the same quantity of a similar fluid from the dorsum of the ilium, the entire surface of which was completely denuded, and the cartilaginous crest of the ilium was irregular and bare; those abscesses communicated over the superior part of the ilium by a sinus two inches broad. The iliac fossa contained about 6oz. of a similar fluid, and communicated with the abscess on the dorsum, by a passage between the anterior superior, and inferior spinous processes; the matter was only prevented from entering the abdominal cavity, by the firm attachment of the iliac fascia to the linea ilea pectinea. There was great absorption of all the muscles, particularly the glutei, the surfaces being doughy, and as it were excavated. Brain not examined.

REVIEWS AND NOTICES OF BOOKS.

DE PARALYSI MEMBRORUM INFERIORUM. Auctore C. F. H. Marx. Cum Tabula Lithographica colorata.

ON PARALYSIS OF THE LOWER EXTREMITIES. By C. F. H. Marx, &c. 4to., pp. 54. Göttingen. 1840.

Professor Marx of Göttingen, is already favourably known in England, as a writer on pathology, therapeutics, and toxicology. His "*Origines Contagii*," (published in 1824), and his "*Giftlehre*," were reviewed in the *Edinburgh Medical and Surgical Journal*, soon after their appearance; and his "*Grundzüge zur Lehre von der Krankheit, und Heilung*," were favourably noticed in this journal, (see Medical Press, Vol. III. p. 146.) His interesting life of Blumenbach has occupied portions of the two last numbers of the *Edinburgh Philosophical Journal*.

The present monograph is based upon a case of paralysis of that kind well known in England, under the quer but expressive term of *paralysis crescens ab*

imo. It is not usual to meet with instances of this kind in females, but in the present case the patient was not only a female, but also a lady of rank, and possessed of an excellent understanding, and great fortitude. She therefore, by her acute observations, made during a period of seven years, contributed materially to the elucidation of the distressing malady, which ultimately proved fatal to her.

We have not space to go into the minute details of the case. Suffice it to say, that the disease commenced with neuralgic pains in the soles of the feet, at first supposed to be of a rheumatic character. These pains were accompanied by slight torpor, ending in anæsthesia, and complete loss of motion. The disease ascended slowly, but surely, from the legs to the thighs, from the thighs to the hips (involving the pelvic viscera), and so upwards, until before the patient died, the initiatory symptoms appeared in the right arm, and even in the neck. The mind remained cheerful, and unaffected to the last. Professor Langenbeck made a *post-mortem* examination of the body, and found the dura mater adherent to the spinal column, from the first vertebra to the last. There was a total deficiency of the sub-arachnoidean fluid, a fact singularly congruous with observations made during life, and with the theory of the hydrostatic uses of this fluid. The arachnoid was firmly adherent to the pia mater, and the vessels of the latter were congested, as well as those of the medulla spinalis. The cord completely filled the spinal column, the white and grey matter could not be distinguished, and small pisiform bodies were scattered throughout the substance of the medulla, which, upon being cut into, presented cavities filled with a soft reddish matter. A very large cavity was found upon the cauda equina. Two good coloured drawings illustrate the description of the morbid appearances observed, and which we have detailed very briefly.

The remainder of the monograph is occupied by a critical analysis of the symptoms of the case, and by a comprehensive history of paralysis of the lower extremities, comprising the origin, diagnosis, course, prognosis, and treatment of the affection. The latter portion of the work will be very valuable to reviewers, authors, and lecturers, being a complete digest of the literature of the subject up to the year 1833. Indeed, neatly translated, and with some little additional matter, it would constitute a good, ready made article for an "Encylopœdia," or a "Library" of medicine.

BOOKS RECEIVED.

On the Application of the Collegiate System to the Medical Schools of the Metropolis. By the Rev. J. H. North. London, 1841.

The Statistics of the Retreat at York, from its Establishment in 1796, *to* 1840. York, 1841.

Pharmaceutical Transactions—No. I. Edited by Jacob Bell. July, 1841.

MEDICAL BENEVOLENT FUND.

Valley House, Roscrea, July 22, 1841.

My dear Sir—Your note on the above most interesting and important subject induces me to inform the medical public very *briefly* that the rules of this society have been drawn up with *great care* by a committee of the Midland Medical Association, submitted to, and approved of by the last Medical Congress, and that the only thing now remaining to be done for setting it into active operation, is the attainment of a good list of subscribers in aid of so humane an undertaking: and as I have not spared either trouble or expense in bringing it to its present stage of existence, I am ready and most willing to continue my exertions in its behalf, and shall be most happy in receiving the names of *all* physicians and surgeons, *whether of the Medical Association or not*, whose philanthropic feelings may stimulate them to become contributors to the Medical Relief Fund; and when I have received a respectable list of names, I will report progress.

The onus of giving it *substantial* vitality *now* rests with the members of the medical profession in Ireland.

Believe me to remain yours faithfully,
WILLIAM KINGSLEY,
Chairman of the late Committee of the Medical Benevolent Fund.

Professor Benson, York-street, Dublin.

The following are the plan and rules referred to above, and which were presented at the Medical Congress, held May 26, 1841:—

"RULES AND REGULATIONS OF THE BENEVOLENT FUND OF THE MEDICAL ASSOCIATION OF IRELAND.

"Before specifying the rules which are to direct the proceedings of this society, it is proper to repeat, in this place, the main principles on which it is established. It is not intended either to be a benefit society or an assurance club; but, strictly speaking, a benevolent or charitable institution, founded and promoted for the express purpose of assisting our professional brethren, when struggling under the pressure of disease or other calamities. It is likewise proposed, under circumstances of peculiar urgency and distress, to administer relief to the widow or family of a professional man, who may have been deprived of the support and protection of a husband or parent.—While, therefore, the sole design of this society is to hold out the hand of charity and benevolence to a suffering and afflicted brother, or his family, it will not countenance improvidence or idleness, or evil habits of any kind.

"1. That a charitable fund be created by donations and subscriptions of members of the Association, to be called the Benevolent Fund of the Medical Association of Ireland.

"2. That contributions be received from all persons friendly to the objects of the society, though belonging neither to the Association nor to the profession.

"3. That the object of the fund be the relief of medical men* under severe and urgent distress, occasioned by sickness, accident, or any other calamity.

"4. That any medical man labouring under such afflictions, be considered a fit object for the charity.

"5. That the claims of contributors shall, as far as possible, have the preference; but that contributions to the fund give no claim of right to relief, the fund being one of pure charity, and that each case be judged according to the urgency of the distress.

"6. That under circumstances of peculiar emergency, relief may be extended to the widows and orphans of medical men, it being understood that it is not the design of this fund to relieve medical men from the necessity of providing for their families by ordinary life insurances, and such other means as prudence dictates.

"7. That the management of the fund be conducted by committees of the contributing members, annually appointed; the central committee to be at Dublin, and local committees, subordinate to the central, in each of the principal cities and towns: the central committee having power to appoint local committees wherever they may be required.

* The Society will not acknowledge any one as a fit object of relief, who has not received a regular professional education, and is either a doctor of physic, or a member or licentiate of a college of surgeons.

"As the granting of annuities or loans must altogether depend upon the amount of the pecuniary means entrusted to the society, it is unnecessary to say more than to observe that a distribution of the funds calculated to meet these objects is recommended in a subsequent page, should the accumulations enable the society to act upon them.

"MANAGEMENT OF THE SOCIETY.

"The business of this Society shall be managed by a central committee, and by local committees, distributed throughout the kingdom.

"It shall be the object of these committees to make known the designs of the society in their several districts; to collect donations and subscriptions, and to transmit them to the treasurer; and to receive applications for relief.

"As soon as possible, after such applications have been made, it will be the duty of the several committees thoroughly to investigate the nature of the claims. The Society will hold them answerable for this very essential service, and doubtless they will perform it with all the kindness and impartiality that the case requires, looking well both to the moral and professional character of the applicants, so that the funds of the society may never be improperly employed.

"The committee having satisfied themselves that the case is worthy of the bounty of the society, will, as soon as possible, report their opinion to the central committee, specifying the nature of the claims, and the amount of relief they think ought to be administered. This statement must be signed by not less than two members of the committee.*

"When two or more cases are presented about the same time, if all cannot be satisfied, the committees shall be guided entirely by the urgency of the claims in apportioning the bounty of the society.

"On other occasions, where the claims are nearly equal, priority of application shall direct their decision.

"GENERAL MEETINGS OF THE SOCIETY.

"A general meeting of the contributors of the society shall be held once in each year, at the time and place of the annual meeting of the Medical Association of Ireland.

"At this meeting, all who are contributors to the amount of £1 1s. per annum, or donors of £20 or upwards, at one time, shall have a voice: they shall likewise be entitled to recommend cases for the bounty of the society.

"At each annual meeting, reports of the different committees shall be received and read; and the Treasurer's accounts examined and audited.

"At the same meetings, any proposals for altering or amending the laws of the society, shall be discussed and decided upon; but no such proposal can be entertained unless a copy, in writing, shall have been transmitted to the central, and the several local committees, at least three months before the annual meeting.

"FUNDS.

"All monies received by the different committees, are as soon as possible to be paid into the hands of the treasurer; and it shall be his duty immediately to deposit the same with the bankers of the society: the annual subscriptions in one account, and the bequests and donations in another.

"The annual subscriptions are to be devoted exclusively to meet those applications for relief from medical men and their families, which have been especially contemplated in the formation of the society. From the same source, likewise, are to be defrayed the expenses which may be incurred in the management of the society.

"The bequests and donations shall be regularly put out to interest, as an accumulating fund, the interest of the same being regularly appropriated to increase the capital, till the sum accumulated shall amount to £

"When a fixed annual income shall have thus been obtained, from the interest of the accumulated capital, that income may be applied, with the concurrence of a majority of the several committees, to the granting of pensions, or annuities, to such deserving members of the profession as may have been rendered incapable of following their profession, by age, disease, or any other infirmity.

"As the granting of an annuity will entail much more serious expense upon the society than such casual relief, as is for the most part contemplated, it is desirable that no such annuity should be granted, until the sentiments of the different committees have been ascertained. Proposals for relief of this kind must, therefore, in the first instance, be made to the central committee, whose business it will be to submit them to the local committees, and collect their sentiments.

"After the accumulating fund has reached the amount already specified, a subsequent increase of capital, from bequests or donations, may be employed as a loan-fund, under the following regulations:—

"The sum lent in no case to exceed £100.

"The borrower to have the use of that sum without interest, on giving good and sufficient security that it shall be repaid to the society at the end of twelve months, at the latest. The same regulations to be followed in cases of this kind as in those laid down in respect of annuities.

"All orders for money from this society to be signed by at least two members of the central committee, together with the treasurer.

"As all the objects of this society are of a purely charitable or benevolent nature, it is scarcely necessary in conclusion to observe, that it is highly desirable that its affairs should be conducted with as little expense as possible. The gentlemen who belong to the different committees will doubtless bear this in mind. All of them are labouring in one beneficent design, and whatever may be suitable for one district will be suitable for all. This remark especially refers to such papers, or documents, as it may be necessary to distribute for the information of the public, or of the members at large. For very obvious reasons, it is most desirable that such documents should be printed at one place, in order that the expense of separate impressions at different places may be avoided.

"All communications to the central committee to be addressed to the treasurer and secretary.

(Signed) WILLIAM KINGSLEY,
President Midland Medical Union.

May 25, 1841.

* This reference to the central committee appears quite indispensable, for if every local committee had the power of distributing the funds of the society, it is manifest that great difficulties might arise. It is necessary, therefore, that there should be one body to which all claims may be made known; not for the sake of deciding upon the merits of the claims, for that decision must rest with the several local committees, but to determine the amount of relief that the funds of the society will admit of.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 22.—Council met.

The Treasurer reported the receipt of the following sum:—

Dr. Bellingham, Dublin, £1 renewal subscription.

Letters read from Drs. Long (Arthurstown), Kingsley (Roscrea), Healy (Ennis), Vaughan (Clonmel), and Webster (Dulwich).

Resolved—That the Secretary and Professor Williams be a deputation to attend the approaching meeting of the Provincial Medical and Surgical Association at York.

TO SUBSCRIBERS.

Gentlemen in arrear are requested to forward their subscriptions to this office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 28, 1841.

THE POOR LAW COMMISSIONERS AND THE PRESS.

Among the most dangerous of the qualities of despotism is its constant tendency to convert the subjects, into the instruments, of its oppressions. In every form of tyranny it is this principle of appropriation which is chiefly to be dreaded by the people, whose most formidable enemies are ever to be found among the deserters from their own ranks. It could not be expected that the poor-law despotism would furnish exceptions to the general rule, and readers of the PRESS will have no difficulty in calling to their recollection, proof of the *legitimacy* of that unconstitutional system in the prominent exhibition of this characteristic family trait. It would appear, indeed, that the framers of the Irish poor relief act held such an end especially in view in its construction. They have at least provided a powerful machinery for its accomplishment, in the infinitude of small patronage which they have engrafted on the measure. Each place of master, matron, porter, ward-keeper, collector, valuator, paid guardian, &c., &c., in *esse* or in *posse*, is calculated to raise up at least ten expectants, and tends to convert ten mutinous victims, into ten unscrupulous oppressors. Such, in all ages, has been the policy of those whose object is to encroach upon the liberties of a nation—paltry distinctions and petty employments have, at all times, been their favourite engines.

While putting forward these general truths, we must, however, do justice to the medical profession, who, in their dealings with the poor-law authorities, have, as a body, kept themselves free from the reproach of treating with the enemy; and, as we rejoice at the firmness and wisdom they have exhibited, so must we, in a corresponding degree, regret that the proceedings in the Kilkenny union, reported in our columns this day, should furnish apparent grounds for implicating a medical man, with the poor-law commissioners, in one of the most dangerous of their many unconstitutional practices. It is as far from our intention to use any harshness towards Dr. Shanahan as it is from our wish to find him persevering in a course which must bring disgrace upon himself, and which, he will excuse us for believing, he has entered upon unadvisedly, and without sufficient information. We would, therefore, entreat of him to reconsider his motion for the exclusion of the press from the meetings of the Kilkenny board of guardians; and before he comes forward to affirm the unconstitutional proposition, that "no practical good has arisen, or is likely to arise from the admission of strangers to report their deliberations," we would advise him to cast his eye over the articles headed 'Poor-law Intelligence' in the five volumes of our Journal. Should Dr. Shanahan not have leisure or inclination to follow this advice *in extenso*, we would, at least, claim from him a careful perusal of the proceedings at the Mountmellick board, with regard to the workhouse site, and the coercion of Dr. J. Jacob; on which alone we are contented to rest *our* proposition, that "full and complete publicity, by means of the press, in every matter relating to the administration of the poor-laws, is absolutely necessary for the protection of the property and personal liberty of the people." It can bring no shame upon Dr. Shanahan to acknowledge that he has taken a hasty step: we sincerely hope that he may do so, and at once take measures to retrace it.

PROVINCIAL MEDICAL ASSOCIATION.

We had to call the attention of the provincial members of the profession some time ago to the proceedings of the Medical and Surgical Association of England, and ventured to give that body a little advice as to the course to be pursued, in future, relative to matters affecting the interests of medical men, and of the public in connexion with medical affairs. As the day of the anniversary meeting, to be held this year in the ancient city of York, approaches, we feel inclined again to remind the members of this most numerous and influential body, of the duty they owe to their brethren and the public. As we then said, we now repeat, that twelve hundred and fifty educated and intelligent men, placing fifteen hundred a year at the disposal of a central executive committee, for the attainment of objects creditable and beneficial to the members, and prepared to co-operate with, and support that committee in its efforts, should effect much more than they have hitherto effected, and should aim at objects much more comprehensive and elevated, than they have hitherto contemplated. What has been done by the association has been well done, and has tended much to raise the character, and improve the tastes of the provincial practitioners of England; but, enough has not been done to correct the evils and remove the abuses which weigh so heavily on the character of our profession, and which by poisoning the stream at its source, perpetuate the many mischiefs of which we have to complain. We will even go farther, and while we are inclined to give credit to the association in general, and its executive council in particular, for all it has accomplished, we will venture to hint that there is a want of firmness displayed in the paper lately promulgated, as a sketch of what has been done last year, and what it is proposed to do at this meeting. Nay more, that there is therein displayed an inclination to overlook the effects of the present condition of the medical institutions; and some symptoms of a yearning after those things, which have caused these institutions to be diverted from their original objects: at least, so we construe certain coquettings with the London College of Physicians. That the council of the Provincial Association should treat all propositions coming from the councils of the medical corporations with respect we are free to admit, and especially when they apparently emanate from elevated and respected members of our profession; but the Provincial Association of England should not defer to any authority, or assume any position second in rank to any other body, as far as regards matters affecting the general interests and protection of the members of their profession. They have voluntarily associated themselves for the attainment of objects not otherwise to be accomplished, and thereby have registered their conviction that those objects have been neglected or abandoned by bodies previously existing.

The Provincial Medical Association should never forget that its character for honour and consistency

is at stake, when it comes to consider medical reform. The principles upon which it was proposed to proceed in that matter, have been distinctly declared, and even many of the practical measures by which it was to be forwarded, have been discussed and adopted. From this position, the body cannot now swerve, without the danger of incurring the imputation that circumstances new, and somewhat unexpected, have shaken their previous determinations, as we suspect they are likely to shake the determinations of other bodies, who, in the hour of danger, have yielded to the pressure from without. The subject must be dealt with boldly, manfully, sincerely, but at the same time, prudently. It may be necessary to adopt a different method of accomplishing the object; but in doing so, the real object in view must not be lost sight of. A deputation has, we have learned, been appointed to represent the British Medical Association at the meeting, and another has been directed to attend on the part of the Medical Association of Ireland. Let these gentlemen, with a certain number of members of the Provincial Association, be formed into a permanent committee, with ample powers and instructions, and ample funds, to enable them to act with energy and effect, for the attainment of whatever objects of this nature it may be determined to aim at. Let not their powers and instructions be vague and insufficient, but precise and unequivocal, and let them be peremptorily directed to exercise these powers, and carry the instructions into effect, with decision and firmness.

POOR LAW INTELLIGENCE.

Kilkenny Union.—At a meeting of the guardians held on the 15th inst.,

Mr. James moved that a committee be appointed for circulating the reports on medical charities,* for collecting information and making a report on the subject. He moved further that Dr. Shanahan, the Chairman (Mr. R, Sullivan), Dr. Pack, the Hon. Mr Wandesforde, Mr. T. Butler, Mr. Maxwell, and himself (Mr. James) be named on this committee.

Dr. Shanahan declined acting.

The Hon. Mr. Wandesford, subsequently expressed a wish to have his name left off.

Mr. O'Donoghue had to observe that there was a feeling abroad that the act would come into operation time enough, if it did not for seven years. This he thought was an erroneous feeling, which they should do all in their power to correct. He was sure that, as far as they could hasten its coming into operation, they would, by the diffusion of proper views on the subject, and by all available means.

Mr. Maxwell said there were several dispensaries not named in this report on medical charities. Their own badly managed dispensary in Kilkenny was named, and so was the no less badly managed institution at Johnstown.

Mr. T. Butler—Yes, and that at Whitegate. Those not named, we are left to presume, are properly conducted, and not liable to animadversion.

Dr. Shanahan wished to give notice that, on the next day of meeting, he would move that, for the future, no strangers, not admissible by law, should be allowed to attend the meetings of their board, or take notes of the proceedings. He concluded by handing in his notice, couched in the following terms:

"I hereby give notice that, at the next meeting of this Board, I will move that, as no practical good has arisen, or is likely to arise from the admission of strangers to report the deliberations of the Guardians, all persons not admissible by law shall be strictly excluded from the future meetings of this Board.

"Wm. Shanahan. J.P."

Mr. Maxwell inquired if it were necessary that he should give notice that to this motion of Dr. Shanahan's he would offer his most strenuous opposition and stand in defence of his own rights, and those of the public.

The Chairman said it was not necessary. Without any notice, he would, of course, be at liberty to take what part he pleased on the subject.—*Kilkenny Journal.*

Tullamore Union.—The board met at the Court House, on Thursday, the 22nd of July, 1841.—

John Hussey Walsh, Esq., in the Chair.

There were 22 members, with the Assistant-Commissioner O'Donohue, present. After the usual preliminary business was disposed of, and wardens appointed for the several divisions of the union, the clerk read, amongst other communications from the Poor-law Commissioners, one relative to vaccination, which enclosed a copy of the late amendment act, and required to be informed what progress was made in the union towards carrying out the provisions of the act. The subject was then generally discussed by the board, when it was ascertained that no medical man in the union had as yet offered his services, inasmuch as the remuneration—viz., 6d for each successful case, *as resolved on by the late board*, was a sum no medical man of character could be induced to accept.

Mr. Commissioner O'Donohue then suggested to them the propriety, as a first step, of adopting the sum recommended by the Commissioners, which, though even adopted here, might not be accepted by the medical practitioners of the neighbourhood, as the English scale of remuneration (1s. 6d.) has been resolved on, by several other Irish boards; the legality of which he still doubted, inasmuch, as it was not in accordance with the recommendation of the Commissioners.

Mr. Dillon observed—If so, the six-penny scale is equally illegal; to which

Mr. O'Donohue assented, adding, 'though other boards have, no doubt, procured ready offers at very low rates of remuneration, still after some experience of its working, and even within the last week, he had an opportunity of seeing large bills, some amounting to, and others exceeding £30, the result of those low scales which, for the time, he could only account for by supposing that the characterless parties employed under them, vaccinated all those who came in their way. He would, therefore, recommend a fair remuneration, and the employment of respectable persons only.'

After some observations from Dr. Wallace, and others, in the same strain—

The Chairman recommended the gentlemen present to compensate the profession fairly. They would thus have respectable and trustworthy persons offering themselves—persons incapable of the unworthy tricks alluded to by the commissioner—consequences, the natural result of employing parties who, by the fact of their accepting those low scales of remuneration, proved they were but the unacknowledged "scapegoats" of their own profession; in fact, in his opinion, true economy, in all the relations of life, consisted in procuring the best article, which is generally at the highest price; but it now appears that, in the working of this measure, on the sixpenny principle, you would, as in the cases alluded to by the

* We presume the poor law commissioners' report on the medical charities is here alluded to.—[Ed. M. P.]

commissioner, have the highest price, and for it the very lowest article in the medical market.

Mr. Bagot then gave notice for the next day of meeting, that he would move that the resolution of the former board, in this regard, be rescinded, and that the sum of 1s. 6d. for the first 200, and 6d. for every additional successful case, be substituted.

ADMISSION OF THE PUBLIC.

After much discussion on the legality of admitting the public, in favour of which there appeared a majority of the board—

Mr. Dugdale, of Clara, gave notice that he would move, on the next day of meeting, that the cess and rate-payers of the union be admitted, to be present at, but take no part in, the future deliberations of the board.

When other business relating to valuation and disbursements were disposed of, the board adjourned to the 19th of August next.—*From our Private Correspondent.*

MEDICAL INTELLIGENCE.

GENERAL ELECTION.

Roscrea, July 21, 1841.

MY DEAR SIR—The members returned for the King's County not being in my neighbourhood since their election, I transmitted to each of them a copy of the memorandum sent me by the council, through Captain Smith, of Mount Butler, who was the proposer of the Hon. J. C. Westenra at the hustings.

Yours very truly,
WILLIAM KINGSLEY.

Dr. Maunsell, Secretary M. A. of Ireland.

PROMOTIONS.

MILITARY.—9th Light Dragoons—Surgeon A. Wood, M.D., from the 29th Foot, to be Surgeon, vice Ingham, who exchanges.

29th Foot—Surgeon C. T. Ingham, M.D., from the 9th Light Dragoons, to be Surgeon, vice Wood.

OBITUARY.

At Enniskerry, on the 23d of July, after a protracted illness, John Gason, Esq., M.D., aged 49.

REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	July 18,	71.5	53	29.800	.050
Monday	19th,	70	56	29.850	.045
Tuesday	20th,	71	54.5	29.400	.275
Wednesday	21st,	68	54	29.650	.280
Thursday	22d,	65	52.5	29.950	.080
Friday	23d,	64	52	30.124	
Saturday	24th,	63	53	30.300	

ARMAGH MEDICAL ASSOCIATION.

THE QUARTERLY MEETING of the Armagh MEDICAL ASSOCIATION will be held in Dr. COLVAN'S HOUSE, on TUESDAY, 3rd AUGUST next, at TWO o'Clock, P.M.

Members in arrear are requested to forward their Subscriptions to the Treasurer.

By order,
A. ROBINSON, Secretary.

Armagh, July 22, 1841.

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Lectures on General Pathology and Therapeutics, Delivered at the Faculty of Medicine, Paris, by M. Andral.—No. IV.— Alterations of the Blood by Various Liquids—Formation of the Buffy Coat—Various Conditions Favourable to its Formation—Physical Properties of Altered Blood—Colour—Thickness—Viscidity—Coagula..... 65

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ABSTRACT OF THE LECTURES ON GENERAL PATHOLOGY AND THERAPEUTICS,

DELIVERED AT THE FACULTY OF MEDICINE, PARIS,

By M. ANDRAL.

BY M. MONNERET—NO. IV.

ALTERATIONS OF THE BLOOD BY VARIOUS LIQUIDS—FORMATION OF THE BUFFY COAT—VARIOUS CONDITIONS FAVOURABLE TO ITS FORMATION—PHYSICAL PROPERTIES OF ALTERED BLOOD—COLOUR—THICKNESS—VISCIDITY—COAGULA.

We have hitherto considered the alterations of the proportions of the various elements of the blood; but a knowledge of the alterations of quality of each of these principles is no less important. We have now to ascertain the changes produced by diseases in the constitution of these elements. This is a study scarcely yet touched on. We only know that the fibrine, after several bleedings, the new formed fibrine, is soft and less resistent; in some respects similar to the fibrine of young animals. The globules may be altered in disease: the microscope can alone inform us of the characters of their alterations.

The blood is altered not merely when there is a variation in the quantity and quality of its elements, but also when substances, not naturally existing in it, are added to it. These substances are of two kinds:

1st. Those which exist in the healthy system, as bile, urine, milk.

2d. Those not so naturally existing, as pus or cancerous matter.

ALTERATIONS OF THE BLOOD BY THE MATERIALS OF THE SECRETIONS.

Substances Analogous to those Naturally Existing in the Healthy System.—The cases in which this class of alterations exist are very limited, especially if we compare them with the innumerable doctrines founded on them. The bile, the urine, the milk, are the liquids whose presence in the blood has been admitted, and which have been supposed to play an important part in the production of disease.

Bile.—Much has been said respecting the penetration of bile into the blood, and the diseases that thence result; but the existence of this alteration has never been chemically proved: nay more, recent analyses have shewn that the bile never exists in substance in the blood—only one of its principles, the green colouring matter, has been detected in it: it is mixed with the serum of the blood, to which it communicates a greenish or decided yellow tinge. Nitric acid added to such serum causes a curdy, green precipitate, consisting of albumen intimately combined with the green colouring matter. We may thus, at the bedside of the patient, readily recognise the passage of one of the constituents of the bile into the blood.

M. Andral has searched for the colouring matter of the bile in numerous diseases in which it has been supposed to exist in the blood, but has only met with it in jaundice. M. Martin Solon, in his work on albuminuria, relates the history of four cases of pleuro-pneumonia, with bilious complication, and in which the greenish tinge of the skin was not always very sensible. Nitric acid gave a green precipitate with the blood and the urine. As the patients were freely purged, the green colour disappeared.

Urine.—The urine never passes in substance into the blood: one of its principles, urea, does. The experiments of Prevost and Dumas are familiarly known: they extirpated the kidneys of an animal, and found a considerable quantity of urea in the blood. It might be thence concluded, *a priori*, that in internal affections, which prevent the kidneys accomplishing their functions—that is to say, eliminat-

ing the urea from the blood, urea should be discoverable in the blood. This is precisely what occurs in Bright's disease, in which urea has been discovered in considerable quantities by Christison and others. The ancients mention urinous fevers, that is, fever excited by the passage of urine into the blood, and its consequent dissemination through the entire economy. This opinion was founded on the superficial examination of patients who presented a decidedly urinous smell in the course of certain serious maladies. The doctrine should be completely rejected, being altogether based on mistake. If a disease can arise from the passage of urine into the blood, it should especially exist when the principle which constitutes urine (urea) exists in excess of the blood; but observation teaches that the diseases in which it does so exist present none of the symptoms of the so-called urinous fever. The same holds good as to bilious diseases: we have seen that the colouring matter of the bile alone passes into the blood; but when it does exist in the blood, we never have the characters of the bilious fever of the ancients. These remarks, founded on chemical analysis, are unanswerable arguments, which prove how false and unfounded are the various theories of the cause of urinous and bilious fevers.

Milk.—At the beginning of this century much was said respecting the milk-fever, and so powerful is the influence of old medical doctrines that many still admit its existence. Chemical analysis utterly destroys such creeds already exploded by the enlightened medical doctrines of the present day. Milk no more exists in substance in the blood than does urine or bile. No doubt it has been pretended that the essential principle of milk, caseum has been found in the blood; but the authenticity of the fact cannot be admitted. Already, three centuries since, some observations were published where there is mention of milky blood appertaining to subjects of both sexes. The females were sometimes girls, or again women delivered at a more or less remote period. M. Andral has carefully sought out and examined most of those cases, and has not found one where the patient was a woman in labour. Schenkius speaks of a woman, not pregnant, whose blood appeared milky to all the bystanders. Tulpius, in his valuable collection, relates a similar case; and others of a like kind are mentioned in modern English and French works. It is the serum of the blood which presents this milky appearance, and has imposed on so many observers. Trail, Caventou, Christison, have analysed it, and not discovered any of the constituents of the milk. The milky aspect depends on a fatty matter, which is suspended in, and forms a kind of emulsion with the serum—such, at least, is Christison's opinion. Caventou attributes it to modified albumen mixed with the serum.

Foreign materials may be mixed with the blood, because the secreting organs have not separated them from it, and this may depend—

1st. On the secreting organ being diseased.

2d. On the excretory ducts being diseased, the organ itself being healthy.

3d. On some nervous modifications, as in what is called essential jaundice.

Another case may also occur; the principle found in the blood had been separated from it, but re-entered the current of the circulation; or finally, one of the principles which should be eliminated from the blood is not so, but accumulates in it.

Substances not Analogous to any Naturally Existing in the System.—These new principles may be—

1st. Formed entirely in the blood: this is an alteration quite spontaneous—a creation of new products.

2d. They may be generated by the parietes of the vessels, as when pus is secreted by the vessels.

3d. They may be introduced by absorption.

The composition of the blood may be also altered, in consequence of a new inorganic element being formed in it.

M. Denis says he has found free ammonia in the blood; and, M. Bonnet, the hydro-sulphuret of ammonia, in a severe case of fever. These facts should be received with some reserve.

Pus.—Pus has been positively detected in the blood in the following cases:—

1st. In inflammations of the parietes of the heart, of the veins, and of the arteries.

2d. In inflammations of other organs, as in small-pox, for example.

3d. In cases of extensive suppuration; and here the pus entered by absorption, molecule by molecule.

4th. Pus has also been found in the centre of coagula of blood during life. Of these latter facts we shall speak when treating of the spontaneous coagulation of the blood. The pus exists—

A. In the blood of the cavities of the heart, or in the coagula it contains.

B. In the blood of the veins.

C. In the arteries. It occurs in several conditions: infiltrated through the blood; and is then combined with the blood, molecule to molecule, and changes the colour of the blood. It is sometimes deposited as isolated purulent drops in the midst of the blood of the dead body. M. Piorry, who has made important researches on this point, has found in the thickness or on the surface of the buffy coat of blood drawn in pneumonia, white granulations, which he considers as collections of pus. Pus also collects, in mass, in the coagula in the cavities of the heart.

The blood, when mixed with purulent matter, becomes a true poison; it loses its consistence, becoming soft, friable, and reduced to little granular clots—the liquid portion consisting of a true ichor. If pus be mixed with blood it prevents its coagulation from the action of the pus on the fibrine, as already mentioned when refuting the erroneous objections made by M. Mandl as to the mode of analysis adopted by MM. Andral and Gavaret.

Encephaloid Matter.—The veins of persons dying of cancerous disease sometimes contain greyish red masses, consisting of a substance presenting a putrescent and ichorous appearance at some points. The similarity of blood thus altered to encephaloid matter is very great; and it has been said in such cases that there is cancer in the blood. Has the blood been transformed into cancer, or was there merely absorption of the cancerous matter? There is not a single case where encephaloid matter was found in the veins in which it did not also exist in other organs. The veins containing this matter are usually in the vicinity of the organs affected with cancer, or originate in such organs. In cancer of the liver, the vena portæ is affected; in that of the kidneys the renal veins are concerned; and where the lymphatic glands, or other organs, of the pelvis are affected with cancer, the vena cava, or common iliac veins, are the seat of the cancerous degeneration of the blood. It should be remarked that the cases in which encephaloid matter has been found mixed with the blood, or replacing the blood in the veins, are much fewer than might be supposed from the accounts of authors. Blood, more or less altered, has been often mistaken for cancerous matter; and the statements on this subject must be read with the greatest circumspection.

It is very rare to meet living animals in the blood. M. Della Chiaje observed a true entozoon in the blood which he has named the *polystoma sanguinis*. Treut-

ler relates a case of a man who, having bathed in a river, was attacked with hæmorrhage consequent on rupture of varicose veins of the leg. In one of the veins there was found an organised substance, of which a figure is given, and which many have regarded as a worm introduced *ab externo*.

Virus.—In some cases the blood is altered by the introduction of deleterious principles, such as gases or poisons; the virus may be of animal origin, as the glanders, or malignant pustule. When animals are over driven their blood is altered, and if injected into the veins of other animals produces the most serious effects; in these cases the blood is soft, fluid, and has a great tendency to decomposition.

Of the Buffy Coat of the Blood.—The study of the alterations of the blood usually commences by the examination of the various changes that may occur in its physical characters. M. Andral adopts the contrary method, observing that the alterations of composition can alone explain the alterations of the physical properties, and that consequently a knowledge of the former is indispensable to enable us to explain the mode of production of the latter.

The buffy coat is formed of fibrine retaining a certain amount of the globules and of the serum; it must be examined as to its thickness—its consistence—its transparency, and its colour. The perfect and imperfect buffy coat must also be carefully distinguished; the first, of a yellowish white colour, and opaque: the second is greenish and rudimentary. This distinction will presently appear of great importance.

M. Andral has sought for the buffy coat in 1800 cases, the blood having flowed from a large aperture. We shall not go through all the diseases in which this examination was made, but merely cite the most important. The varieties to be now mentioned are explained by the various circumstances which concur to the production of the buffy coat, and which shall be explained further on.

In 12 cases of *acute amygdalitis*, the buffy coat was perfect in 9 cases; imperfect in 1; absent in 2. *Bronchitis*, 123 venesections: buffy coat 35 times perfect; 25 times imperfect; 63 times absent. The cases in which the buffy coat was perfect were cases of acute capillary bronchitis attended with fever. The others were bronchitis without fever. *Lead colic*—In 10 bleedings the buffy coat was absent 7 times: present 3 times. *Chlorosis*—11 bleedings; 7 times there was a perfect, white, opaque, buffy coat, similar to that of acute rheumatism; in 1 instance it was imperfect, and in three completely absent. It may already be suspected that the buffy coat has not always the same signification, and that, to account for the variations, we must know the varied morbid conditions which are the elements of diseases, and the causes which prevent or favour the production of the buffy coat. *Cholera with cyanosis*—6 bleedings; no buffy coat. In 2 cases of cholera, with commencing cyanosis, in 1 there was an imperfect; in the other no buffy coat. *Cerebral congestion*—103 cases; 77 times no buffy coat; 12 times a rudimentary, and 14 times a perfect buffy coat. *Pulmonary emphysema*—36 cases; buffy coat absent in 21 cases; imperfect in 5; perfect in 10. *Pleuritic effusion*—some old and apyrectic; other recent and slightly febrile; 27 venesections; buffy coat perfect in 7; imperfect in 9; completely absent in 11. *Intermittent fever*—in 27 bleedings, the buffy coat was completely absent; in 5 present. *Typhoid fever*—187 bleedings; 147 were without a trace of buffy coat; 30 presented an imperfect; and 10 a perfect buffy coat; in these cases intercurrent phlegmasiæ existed (pneumonia, bronchitis) so that it may, perhaps, be said that the buffy coat is never formed in simple uncomplicated typhoid fever; and when it does exist we may be sure that something co-exists with the fever. *Cerebral hæmorrhage*—22 cases; in 2 only of which the buffy coat existed. *Encysted dropsy of the ovary*—4 cases: in 3 the buffy coat was absent; in 1 present; in which latter case there was inflammation of the sac. *Hypertrophy of the heart*—72 cases: buffy coat absent in 61 cases; present in 11. To explain this contradiction we must recollect that in many cases of hypertrophy inflammation exists. *Bright's disease*—6 cases, in none of which did a buffy coat exist; which, in conjunction with other facts, tends to shew that the disease is not a nephritis. *Acute pleurisy*—60 cases; in 50 there was a perfect buffy coat. *Pneumonia*—230 venesections; 215 with a perfect buffy coat, and 15 with an imperfect, thin, soft, buffy coat. *Acute articular rheumatism*—134 cases; 125 with a perfect buffy coat; 5 with an imperfect one; in 4 it was absent; in one of these last cases the venesection was practised towards the termination of the convalescence, when the fibrine had fallen from 6 to 3. *Chronic rheumatism*—50 cases; 11 with the buffy coat. *Measles*—11 cases: no buffy coat, which is the rule if no complication exists. *Scarlatina*—9 cases; buffy coat absent, save in one case where acute nephritis co-existed. *Pulmonary consumption*—203 cases; in 140 a perfect buffy coat; in 13 an imperfect one; in 50 it was absent. *Small-pox*—18 cases; in 2 a perfect buffy coat; in 4 the buffy coat was opaque and thick, and it might have been thought that there was a perfect buffy coat. By pressure, however, much serum exuded, and it lost its thickness. The foregoing facts shew that the buffy coat is not formed in those cases only in which the fibrine exceeds its natural quantity; to which point we shall again return.

Phenomena Observed During the Formation of the Buffy Coat.—These phenomena may be divided into three periods, during which the coagulation is effected:—

1*st Period.*—A few moments after the issue of the blood it divides into two layers—one deep; the other superficial. The first consists of:—1. The serum. 2. Almost all the globules. 3. A very small quantity of fibrine. The superficial layer is a transparent liquid of a greenish tinge, formed of a large quantity of serum, some globules, and of almost all the fibrine which is dissolved in the serum.

2*d Period.*—The superficial layer, at first liquid and transparent, thickens and becomes similar to a layer of oil commencing to solidify, or to a film of grease becoming solid on the surface of soup. Its consistence augments every minute; its interior assumes the appearance, as it were, of meshes; and finally its surface obtains a certain consistence.

The 3*d Period* consists of certain changes which are effected in the size and shape of the superficial layer. At first we observe that this layer occupies the entire breadth of the vessel; it then contracts from the periphery to the centre; in virtue of which contraction its edges turn up, and we have the perfect buffy coat. If we compare the clot and the buffy coat, we find that the latter is of variable thickness, and that it is it which gives consistence to the clot, in consequence of the large quantity of fibrine it contains, and of which, indeed, it is entirely formed. The analysis of the blood of a patient affected with rheumatism, and which contained 9 of fibrine, shewed that $7\frac{1}{2}$ of the fibrine appertained to the buffy coat, and only $1\frac{1}{2}$ to the clot. The fibrine, therefore, tends to accumulate in the buffy coat, and very little remains in the clot.

Conditions Necessary for the Formation of the Buffy Coat.—They are derived from the composition of the blood. There are others which are *accessory*, which

are incapable of causing the formation of the buffy coat, but which favour its production and render it more perfect. *The essential condition derived from the composition of the blood consists in an augmentation of the proportion of the fibrine to the globules*, and not in a simple augmentation of the quantity of the fibrine. When the blood contains an excess of fibrine it coagulates more slowly: thus the blood of a patient affected with rheumatism coagulates more slowly than that of a patient labouring under typhoid fever. The globules are precipitated with a little fibrine, while the latter remains in solution in the superficial layer; the fibrine not coagulating until after the precipitation of the globules. What is the cause of this slowness of the coagulation of the blood? M. Denis thinks that the buffy coat is formed the more slowly, the smaller the quantity of salts, and the larger the quantity of soda it contains. The salts that are diminished in quantity are the chlorides, and there is also, he thinks, less albumen in the serum. If the fibrine coagulates alone, this, M. Denis supposes, depends on its coagulating more slowly than usual, and this again depends on the augmented alkalinity of the serum. M. Andral asks whether fibrine that coagulates thus slowly is not fibrine of new formation, which, we know, is softer and less consistent than older fibrine.

The augmentation of the proportion of fibrine to the globules take place in two different ways:—1. The globules remain in their natural state, but the fibrine augments from 4 to 10; and in this event the buffy coat forms constantly, and the larger the proportion of fibrine, the thicker will be the buffy coat. This is what occurs in the phlegmasiæ where there is a real and absolute augmentation of the quantity of fibrine. In the phlegmasiæ the consistence of the new fibrine is diminished. 2. There is in another case a relative augmentation of the fibrine which remains at its natural standard of quantity, while the globules diminish, descending to 80, 72. Here, too, the buffy coat forms as perfectly and decidedly as in inflammation, its borders being turned up so as to form a cup; this occurs in the most aggravated chlorosis. In a girl whose blood contained but 28, instead of 127 of globules, a most perfect buffy coat formed. The explanation of these facts is most important, and puts an end to the discussions which have arisen amongst physicians who were surprised to see a buffy coat in chlorosis—a disease which was regarded as the converse of inflammation; the buffy coat depending solely on the diminution of the globules, the quantity of fibrine remaining natural.

If the quantity of fibrine be not absolutely or relatively augmented, the buffy coat cannot form; other conditions, now to be considered, may favour its formation, but cannot, by any means, alone produce it.

A. Flowing of the Blood.—It may be established as a principle, that when the blood flows slowly, the buffy coat forms with difficulty; on the contrary, when it issues rapidly, the buffy coat forms with more facility. In fact, if the blood flows slowly, the portion first received in the vessel is coagulated before the last portion finds issue, and is the only part that furnishes the fibrine; and thence is but a small quantity for the production of the buffy coat. The case is pretty much the same as if the blood of a single bleeding was divided into three or four portions; it is evident that the fibrine yielded by the first portion would not be equal to that contained in the three others.

B. Opening in the Vein.—This should be large, and the blood should flow in a jet to enable it to coagulate; the proportion of fibrine may be large; but if this condition be not satisfied, the buffy coat will form with difficulty; the impediment being the same as when the blood flows slowly.

C. Agitation of the Blood.—When the blood is drawn from the vein it must be left at rest to enable the buffy coat to form—in other words, to allow the two layers, already spoken of, to place themselves quickly and freely, one over the other, without mingling. The first layer abounds in fibrine; the second in globules. If the vessel containing the blood be agitated before the fibrine has coagulated, or while it yet resembles oil, or a transparent jelly, and its texture is loose, the globules may become mixed with the fibrine, and then the buffy coat will be imperfect, or not formed. It will also be formed with the more difficulty the shorter time after the issue of the blood that the vessel is agitated; as then the globules, mixing with the fibrine, will be diffused through the entire mass of the clot.

D. Height of the Jet.—It has been said that the formation of the buffy coat may be prevented by causing the blood to flow from a considerable height: this may depend on the constituents of the blood being thus caused to separate quickly.

E. Shape of the Vessel.—When the vessel is deep and narrow, the buffy coat forms very easily; in a test-glass it assumes a great thickness; but it does not thence at all follow that there is more buffy coat in a narrow than in a wide vessel. In the latter, in fact, the clot occupies more space, and consequently the buffy coat spreads, and loses in thickness what it gains in extent.

F. The Material of which the Vessel Consists exerts no influence, though the contrary has been asserted.

G. Temperature.—According to some authors, heat retards the formation of the buffy coat. M. Andral has not been able to observe any difference in its thickness in summer and winter. It is, however, easy to conceive that cold may cause rapid coagulation of the blood, and prevent the complete formation of the buffy coat. If we surround the vessel in which the blood is received with ice, the separation of the buffy coat is difficult or impossible, as it is also if the vessel be considerably heated.

H. Chemical Agents.—MM. Andral and Gavaret, desirous to study the molecular phenomena that occur during the formation of the buffy coat, endeavoured to find a chemical agent capable of retarding, without altering, the phenomena, and which would allow the eye to observe the various states through which the fibrine passes before it definitely constitutes a membrane. After some trials they selected sulphate of soda, and the following is a rapid statement of the phenomena they observed:—If 70 grammes of blood be received directly from the vein into a glass containing 10 grammes of a concentrated solution of sulphate of soda, the coagulation of the blood is completely prevented. After a few minutes the liquid divides into two layers, the lower containing the mass of globules, quite unaltered, in a half fluid magma; the upper layer is at first perfectly transparent, and resembles the ordinary serum of the blood; but soon loses its transparence, and becomes opalescent. If examined by the microscope, a multitude of perfectly white globular corpuscles are discovered; *this is the first degree of the solidification of the blood.*

48 hours after the blood has been drawn, the liquid still opalescent, is permeated with a number of flakes similar to spider's web. The microscope now shows that the globules above mentioned still exist in the liquids, and that it is their reunion that constitutes the flakes just mentioned. These flakes may be considered as the *second degree of organisation of the fibrine.*

After the lapse of 96 hours, the liquid previously opalescent, becomes perfectly transparent, and no longer contains a trace of corpuscles, but the flakes

are numerous, more resisting, and when viewed with the microscope, present an irregular net-work, composed of rectilinear and curved fibres, decussating in various directions. At the points where the flakes are thickest, they consist of several reticular layers. In the midst of those fibres which represent a tolerably advanced stage of organisation may be perceived, others presenting a beaded arrangement, resulting doubtless from the union of a number of the corpuscles, primitively suspended in the opalescent liquid; we here see a more advanced degree of organisation of the fibrine, an intermediate state between the corpuscles and the fibrous state.

It was of much consequence to ascertain whether the reagent employed exerted any influence on the production of these phenomena: to ascertain this, MM. Andral and Gavaret, examined, under the microscope, a drop of the buffy coat while yet in the liquid state; and they observed the occurrence of all the penomena just mentioned; which therefore occur just in the same manner as when the blood is mixed with a solution of sulphate of soda, only that they occur more rapidly, in a few minutes in fact, under the eye of the observer, whilst, with the reagent, many hours elapse before they are completed.

When the fibrous net-work is once completed; no further phenomena of organisation are observed; but if we examine what becomes of the fibrine, when putrefaction commences, we perceive the organisation of which we have spoken is destroyed by passing through all the successive degrees of less advanced organisation in an order the inverse of that which has been described, where, commencing from the simple globule, we at length saw the fibrine definitively constitute a false membrane.

The formation of the buffy coat depends solely on a change in the composition of the blood: it is formed in diseases of the most opposite nature provided the proportion of fibrine be augmented in relation to the globules; and now that the true cause of its formation is known, we can explain why it occurs in maladies so very different.

Sydenham relates that in an epidemic inflammatory fever, the blood was buffed as in pleurisy. The observations being incomplete, we cannot say whether complications such as pneumonia or pleurisy existed. We cannot then appeal to this passage of Sydenham, "*Sanguis è venis eductus, pleuriticorum sanguinem emulatur*" in proof that the blood may be buffed in bad fevers. Dehaen says he has seen "hundreds of times" buffed blood in malignant and putrid fevers; but this assertion about hundreds of times, is of far less value than ten complete well detailed cases, and futhermore, it must be recollected that Dehaen was an avowed opponent of treating fever with tonics, while he enthusiastically advocated the employment of blood-letting in this class of diseases.

At a less remote period Burserius asserted that the buffy coat was not of the slightest practical value; that it occurred in men in perfect health, as also in animals, as, for example, the horse; this latter assertion may be true, but should be investigated anew, as possibly he may have bled horses labouring under some disease that escaped notice.

Tommasini, on the contrary, attributes great importance to the buffy coat, and regards it as a character of inflammation. As the Italian physician is an exact observer, and has, several times, observed the buffy coat in chlorosis, he does not yield to this fact, but avers that chlorosis is a chronic inflammation of the vessels. To such an assertion no answer can be made.

Serum.—The quantity of serum in which the clot floats sometimes represents, tolerably faithfully, the real quantity of serum in the blood. This is the case when the clot is small and dense; but the reverse holds good when the clot is bulky, much serum being then retained in the interstices in consequence of the contraction of the fibrine not being sufficiently rapid or energetic to expel it.

The *colour* of the serum is greenish, yellowish, reddish, or milky; variations depending on more or less of the globules remaining diffused through it. A saffron-yellow colour is often caused by the green colouring matter of the bile. The whitish serum is tolerably similar to whey; the cause of this colour has been already adverted to. MM. Andral and Gavaret observed such serum in a case of Bright's disease, and it contained a preternatural quantity of fatty matter.

The *density* of the serum in different diseases is little known. M. Rayer, however, has paid some attention to this point, and obtained some curious results. In Bright's disease the density of the serum is diminished, which is easily understood, seeing that the albumen has passed from the blood into the urine. The diminution of the globules also explains the diminution of the density of the serum, as decrease of the globules implies increase of the quantity of the serum. In the acute phlegmasiæ the density of the serum is lessened, but only at a late period when the quantity of the globules has been diminished. In the disease termed scleroma, or induration of the cellular tissue, M. Chevreuil observed that the serum presented a remarkable, gelatinous appearance.

Colour of the Blood on Issuing from the Vein.—Blood, white on its exit from a vein, has been spoken of, but admits of dispute. The blood may be pale and decolorised, in consequence of anemia, whether primitive or consecutive; as may be also the menstrual blood, and that taken from nervous persons. Decolorised blood is poor in globules. In other persons, on the contrary, the blood is very high coloured from abounding in globules. The fibrine and the other constituents have nothing to say to the colour of the blood.

The blood may assume an unwonted colour; thus venous may resemble arterial blood. Burdach considers that such a tendency in the blood depends on exaggerated activity of the organs of nutrition and secretion, supposing that the blood in traversing such organs does not yield to them its constituents; but this is pure hypothesis. When a person loses much blood, that which issues last has a bright vermilion colour; and the same occurs in hæmorrhages and in those enfeebled in convalescence from a protracted disease. In such cases, when we examine a considerable number of the globules in mass, they seem more highly coloured than natural. It has been asserted that in the phlegmasiæ, the blood becomes red with unusual rapidity; but this is not yet quite proved. Some experimenters have examined what influence irritation of the nervous system exerts on the colour of the blood; Krimer divided the nerves of the limbs and found that 10 minutes, at the latest, or 4 at the soonest, after the division of the nerves of the arm, the venous blood had assumed the vermilion tinge of arterial blood. On replacing the nervous influence by the stimulus of galvanism, that is to say, applying the positive pole to the thigh, and the negative pole to the toes, Krimer saw the blood become black, or vermilion, as it issued, according as he broke or established the galvanic current. Arneman, on the contrary, maintains that when the nerves are divided, the blood is darker as it flows, because the absence of nervous stimulus retards the circulation.

Dr. Rossi, of Turin, found the blood of a patient, under the influence of electricity, more fluid than natural. Autenrieth thinks that the blood is more florid in summer. It has been said that in some dis-

eases, especially those caused by miasmata, the blood tends to become darker and darker, as in asphyxia. Stevens states that in the intermittent fevers of America, and in yellow fever, the blood is darker than in the natural condition, and that the upper surface of the clot does not assume a red colour; but Stevens' assertion must be taken with caution, as he even goes so far as to say that in every case arterial blood is quite similar to venous blood. Authors speak of the blood being dark-coloured in typhus, malignant fevers, &c.; but these assertions must be taken with reserve as they are in accordance with pre-conceived notions respecting miasmatic poisoning.

Smell of the Blood.—Mention has been made of blood so fœtid that all the bystanders were struck with the fact. Morgagni speaks of an acid, acrid smell exhaling from the blood of persons affected with intermittent fever, periodical headache and itch. The blood in small-pox and typhus fever, it has been said, has offered a bad smell; but no such fact has been observed in latter times. According to Stevens and Rush, the blood in yellow fever possesses a characteristic odour.

Taste.—M. Lecanu remarked that the blood in cholera lost its appropriate saline taste. Somer observed an acid taste in the blood of rachitic patients, but this, doubtless, is referable to the theories of the day which erroneously attributed rickets to an acid principle.

Temperature.—It is now positively known that the temperature of the body is not constant: does the same hold good as regards the temperature of the blood? We cannot tell: there have been no experiments on the subject, and obviously the difficulties attending such an investigation are insurmountable. If we estimate the temperature of the blood from that of the skin, we may admit that it varies from 36 to 42 C. (97—107 F.) and never falls below the physiological standard, since, even during the rigor of fever, the temperature of the body and of the skin is augmented. It has been said that in cholera the blood is colder than in other diseases. Morgagni mentions a case of hysteria in which the blood was very cold; but he did not observe the fact himself; it was communicated to him.

Electricity.—Bellinghieri, from his experiments on the electricity of the blood, has deduced the following conclusions:—

1. The quantity of electricity, as manifested by instruments, is less in the phlegmasiæ, and diminishes as the phlegmasia is more decided.

2d. In chronic asthenic diseases, the quantity of electricity augments, general re-action coinciding with diminution of the electricity of the blood.

3d. Buffy blood contains less electricity than other blood; when blood drawn from a vein contains a preternatural quantity of electricity, we may be certain that it will not coagulate. The less electric is the blood, the less coagulable it is; in other words, the more fibrine the blood contains, the less electricity it manifests. The blood only preserves its electricity until it coagulates.

Consistence of the Blood.—The blood, while in the vessels, possesses peculiar properties corresponding to the various degrees of coagulability observed when it has issued from them. Blood that will not coagulate, or does so but imperfectly, when abstracted from the vessels, has but little consistence, and is very fluid while yet in the vessels; the globules of blood possessing little consistence, have a great tendency to issue from the vessels; while blood, abounding in fibrine, presents directly opposite characters. What has been called dissolved diffuent blood, is blood poor in fibrine.

Much was said in the older schools respecting the thickness and consistence of the blood; it is interesting to examine those opinions comparatively with modern chemical discoveries. The School of Boerhaave founded its doctrines on the greater or less consistence of the blood—that is to say, on a fact which they never took the trouble of verifying, and which is very contestable. Boerhaave thought that blood, when too viscid, or too thick, was, at length, arrested in the vessels, and thus produced an obstruction. Sometimes this augmentation of consistence was spontaneous, or again it was caused by fever. The inflammations developed during the course of fevers were caused by this thickening of the blood producing obstruction, and consequently inflammation. It was also supposed that chemical principles were often formed in the blood, and rendered it thick.

In modern times these notions have been in part returned to; and it has been asked how far augmented thickness and viscidity of the blood are capable of producing disease? M. Magendie has endeavoured to prove that this actually occurs in several diseases. He has mixed with the blood several substances, innocent in themselves, but capable of thickening the blood while it is circulating; such, for example, as gum-arabic, and starch. The blood, when thus thickened, no longer traverses the various capillaries, especially of the lungs; whence results, not pneumonia, but congestion, which may go so far as to produce apoplexy; the respiration becomes hurried, and the animals perish, asphyxiated more or less rapidly. If we mix with the blood, substances in a state of extreme division, as finely-powdered charcoal, there merely results a little dyspnœa, and the animals recover. It may be thence concluded that by increasing the viscidity of the blood, disorders are created explicable by the difficulty the blood experiences in traversing the capillaries.

Are similar morbid conditions developed spontaneously in the economy? Is the consistence of the blood spontaneously augmented in the same periods? We may suppose so, but it is impossible to demonstrate the supposition, and we can only regard it as an hypothesis. The stagnation of the blood in cholera, has been attributed to its increased viscidity; but this opinion cannot be adopted, as we do not observe in that disaese the pulmonary congestion which occurs in animals, into whose veins the substances above mentioned have been injected. The lungs in cholera are exsanguine.

There was discussion formerly respecting the coagulation of the blood in the vessels during life. Stahl relates the case of a woman attacked with epilepsy, when a vein was opened no blood flowed, the vessel was opened in another situation, and a long clot which filled the vessel drawn out. This extraordinary fact was well suited to excite doubts. M. Andral two years since, observed one precisely similar at La Charitè; the vein was opened, and not a single drop of blood found exit, a long and firm coagulum was then extracted with the forceps, the patient subsequently died, and similar cogula were found in most parts of the vascular system.

Mention has been also made of acid introduced into or developed in the blood, but the fact has never been proved. In some cases of poisoning with sulphuric acid, it has been thought that the acid might enter the blood and coagulate it. M. Bouchardat has related such a case; a man swallowed sulphuric acid, one of the lower extremities became cold; on examination after death, a coagulum was found filling the crural artery, and M. Bouchardat even spoke of detecting the acid in the blood.

Coagulation of the Blood in the Heart.—Much was written formerly on coagula in the heart, they were

called polypi, and to them were attributed numerous symptoms, the causes of which are now better understood. The point connected with them which is still obscure, is the period of their formation.

These coagula considered generally, may consist of a single element—fibrine, for example. The coagulum is then colourless, or of a whitish yellow colour; if it contains globules, it is coloured either externally or internally. The globules are sometimes diffused through the clot, presenting striæ or red points, tolerably similar to vessels.

The white coagula are the most consistent. Those rich in colouring matter are softer. Their mode of adherence to the internal cavity of the heart varies considerably, sometimes they are entangled round the valves, and separated with difficulty, and sometimes they adhere to the inner surface of the heart, mediately, through the intervention of a false membrane which covers them. Such a mode of adhesion does not prove that the coagulum was formed before death: it resembles the mode in which the blood adheres to the side of a vessel in which it has been received. The red striæ and points cannot be regarded as vessels, as they occur in almost every coagulum.

The diseases in which these coagula occur most frequently, are diseases of the heart, because

1. The contractions of the organ are irregular and tumultuous.

2. The orifices are misshapen, contracted, so altered in a word, that the blood readily stagnates and coagulates.

3. The interior of the heart is often diseased, and its surface presents irregularities and deficiency of smoothness. Some authors have regarded the red streaks and points that occur in these coagula, as the rudiments of new formed vessels. M. Andral has never met with vessels, and considers the existence of these red points as quite insufficient to settle the question. It has been said, that on injecting the coronary arteries of the heart, the vessels of the coagula were also injected; but the injection might very easily be retained by the clots, in place of being extravasated into the cavities of the heart. The existence of pus in the interior of these coagula has been considered a proof of their having been formed during life; but pus mixed in the blood may have been entangled in and surrounded by the fibrine, while in the act of coagulating. It is possible that the pus may be formed by a transformation of some of the elements of the blood, and if so, the coagula containing it must have been formed during life, we have not, however, any proof that such a transformation can occur. It has been also alleged, that the pus was secreted by the clot itself; but such a secretion would require an organisation so complete as to leave no doubt, did it exist, as to the late period of the formation of the clot. The existence of pus then in a coagulum does not always suffice to determine its nature. Symptoms are just as imperfect a guide. Syncope, palpitation, feebleness of pulsation, abnormal sounds of the heart, and dullness on percussion, may depend on disease of the heart, as well as on the presence of coagula, and as coagula chiefly occur in diseases of the heart, there is some difficulty in referring each symptom to its proper cause. From these considerations it would appear, that the formation of coagula in the heart is not of such frequent occurrence as was formerly thought. We must not, however, suppose, that the authors of the last century who have written on this subject were always mistaken as to the true origin of these clots. Morgagni and Senac, have both shewn the errors to which we are exposed, if we judge of these coagula from their appearance alone.

The blood may coagulate in the arteries of the inferior extremities. The causes of this alteration are inflammation, and ossification of the arteries, but sometimes not the slightest lesion is discoverable in the vessel; the limb gradually becomes cool, is the seat of extreme pain, uncontrollable by opium, and finally falls into gangrene. Coagulation of blood in the veins is the effect of phlebitis or compression on the vessel. M. Andral does not consider that the coagulation of blood in a vein and its consequent obliteration is sufficient to produce gangrene. M. Golin has published, in the *Arch. Gen. de Med.* a case of this kind, which is perhaps the only one known, except that recorded by M. Francois, in his work on gangrene; the latter case as M. Francois himself admits is too incomplete to place much reliance on it; and M. Golin's case, though more explicit, is still open to doubt: there may have been inflammation of the arteries, which was overlooked. When the veins contain coagula, formed during life, they are felt under the skin as tense, hard, knotted cords, and it is easily ascertained by the finger, that they contain a hard substance internally: this symptom suffices for the diagnosis.

The analytic study of the blood ends here, but the explanation of the complex alterations of the blood, which characterise the chief groups of diseases, is no less important; this subject shall be next examined, some general remarks on the nature and differences of disease being premised.

EXTRACTS FROM FOREIGN PERIODICALS.

CASE OF IMPERFORATE ANUS, WITH ABSENCE OF THE RECTUM, IN WHICH THE COLON OPENED INTO THE SUPERIOR FUNDUS OF THE BLADDER.—BY M. DUBREUILH.

On the 9th of February, a woman was delivered when 7½ months pregnant. The child which laboured under imperforate anus and phimosis, readily drank some sugar and water. On the 10th, no urine had been passed—the abdomen was tense—some greenish matter was vomited, unmixed with anything resembling meconium. In the evening a few drops of milky fluid escaped from the urethra. In the situation where the anus should have existed, a soft point, with some sense of fluctuation, was detected; and on the 11th, an incision was made in this situation to the depth of 12 millimetres; but the bottom of the wound, when examined, afforded every where a hard, resisting sensation, and no fœcal matter, whether solid or fluid, found exit. In the evening there was a copious flow of transparent urine; and, on the morning of the 12th, the prepuce was found covered with a greenish matter, which was recognised as the meconium; whence it was concluded that the great intestine communicated with the bladder, in what situation, however, could not be determined. On withdrawing a tent of lint from the wound in the perineum, a few bubbles of gas escaped, which led to the hope that the rectum had been opened; prepared sponge was placed in the wound with the view of dilating it.

The following days the child vomited frequently, and the abdomen became distended; the distension, however, occasionally becoming diminished; the urine was clear and limpid: but some meconium daily passed away by the urethra. On the 19th, the child died, having thus lived ten days.

Post-mortem Examination.—The abdomen was tense; the peritoneum, epiploon, and intestines were red, and the convolutions of the latter adhered to each other by means of false membranes. On following the colon it was found that the rectum was

altogether deficient; while the colon running exactly along the linea alba, terminated in the summit of the bladder, which was about the size of a hen-egg. A probe passed along the urethra entered the colon through the bladder; the opening between the bladder and colon was 12 millimetres in diameter. The bladder was full of yellow fœcal matter; its mucous membrane was of a reddish brown colour, and its parietes 2 millimetres in thickness. The ureters could not be discovered: the urethra was natural; the parietes of the colon, in the vicinity of, and for some distance above the bladder, were thin and transparent, but of natural thickness in the rest of their extent.—*Journal de la Societè de Med. de Bourdeaux.*

ARTIFICIAL ABORTION IN A CASE OF EXTRA-UTERINE PREGNANCY.—BY PROFESSOR RITGEN.

A woman, aged 32, May, 1834, was attacked with vomiting and pain in the abdomen, especially at the right side corresponding to the ovary, in which situation a tumor was soon perceived; at first the size of an orange, it, in six weeks, attained the bulk of an infant's head. The pain extended to the back down the right thigh, and daily augmented, so that the patient was finally deprived of sleep; she was frequently constipated, and there was fever, thirst, subsequently jaundice, and, at length, slight anasarca. M. Ritgen saw the patient on the 42d day of her illness, and learned that she was large and well made, and had already borne three children without the slightest accident. The woman considered herself pregnant from the menses being suppressed for eleven weeks, and from other symptoms similar to those which she had previously experienced. The tumor was so large that it could not be covered with the open hand; the pain was augmented by slight, dispelled by firm pressure. The right side of the face was more œdematous than the left; the right pupil was contracted, and the entire right eye seemed smaller than the opposite one; there was a general and decided sensation of uneasiness throughout the entire right side of the body. The liver appeared to be in a natural condition. The pulse was frequent—the skin hot and dry—thirst considerable—a yellow coating on the tongue—no appetite. On examination, per vaginam, the orifice of the uterus was found on the left side; the inferior fundus of the organ was but little developed: and in the cul de sac of the vagina on the right side, could be felt a tumor situated rather high up above the uterus, and which manifestly changed its position when the tumor in the right groin was moved. The finger being introduced into the rectum the tumor was equally felt, situated at the right side above the uterus, which latter organ was but little increased in size. No discharge had occurred from the vagina for the space of three months. There had been constipation for twelve days, and the transverse colon could be traced beneath the integuments. These symptoms led to the conclusion that there was a fœtus in the Fallopian tube—a diagnosis which was confirmed by auscultation affording a bruit de soufflet isochronous with the pulsations of the heart. The tumor seemed disposed to open, and was covered with narcotic cataplasms, and a seton inserted in its vicinity. With a view of producing absorption, sulphate of soda was given in an oily emulsion, and subsequently pills of ergot of rye, and watery extract of aloes, were administered. In 24 hours the pain in the tumor disappeared, and, on the third day, the patient was able to sleep. The pills at first caused vomiting; but, after some time, contractions commenced in the tumor and uterus; a sanguineous discharge appeared from the vagina, and in twelve hours the bowels were opened. The sanguineous discharge augmented gradually, and at length clots of blood appeared, which, being carefully collected and washed, on the 3d day, some of them were found to contain flocculent fragments of a tissue similar to that of the caducous membrane, and subsequently portions of the chorion were discovered; but no other indications of an embryo were detected. On the 4th day the tumor was considerably diminished in size, but did not completely disappear for a year and a half; and there was a discharge of blood constantly during nine months. The bruit de soufflet diminished the first few days, and vanished at the expiration of three weeks. The ergot of rye and aloes were continued only three days, the glauber salts for eight. The woman is now well, and has not again become pregnant.

DELIVERY OF A FEMALE, WHO, FOUR YEARS PREVIOUSLY, HAD BEEN SUBJECTED TO THE CÆSAREAN OPERATION, BY DR. SCHNACKENBERG.

A rachitic female aged 33, and but 3 feet 8 inches in height, had been delivered by means of the Cæsarean operation in August 1836; she again became pregnant and was at her full term, Feb. 29, 1840.—The attending physicians found her in the most extreme want, and in a locality so miserable and peculiarly circumstanced as to forbid all idea of performing the Cæsarean operation, and she was carried to hospital, where it was ascertained, that the antero-posterior diameter of the pelvis, was from $2\frac{1}{2}$ to $2\frac{3}{4}$ inches. The case was one of foot presentation, and the uterine contractions were so powerful, that the fœtus was soon expelled to the shoulders, which were easily disengaged, but the head could not be brought down. The cord ceased to pulsate; the meconium passed away, and the infant became flaccid. Being satisfied that the child was dead, the head was perforated and extracted; the fœtus weighed eight pounds; the mother recovered perfectly.—*Neue Zeitschrift fur Geburtskunde von Busch, D'Outrepont, Ritgenund Siebold.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASES OF SYPHILIS ORIGINATING IN INFECTION, COMMUNICATED BY A MIDWIFE.

TO THE EDITORS OF THE MEDICAL PRESS.

Doonass, July 23, 1841.

Gentlemen,—Independent of the many obligations we are under to Mr. Carmichael, there is none I think of greater amount than his valuable contributions to elucidate the very obscure histoy of syphilitic diseases: indeed, if any thing like a legitimate induction be allowed in medical science from a collection of facts, it is but too plain, that his very excellent classification of these affections, has not met that universal reception, it so eminently deserves; not indeed, that his arrangement is as learnedly cumbrous, as the infinitesimal distinctions of some modern nosologists, or as perfect in its details as additional observations will possibly make it; yet as a system built on a cumulation of facts, its practical value is very great. How often in practice, or visiting the hospital with this ever zealous observer, have I observed the same assemblage of phenomena in different ill-fated victims? nay from one, in the melancholy catalogue, could anticipate the whole train of subsequent symptoms. Many are the anomalous cases we meet with, that help to stagger our belief in any thing like order—cases modified by circumstances and changed in external characters by peculiarities of constitution, not unlike the ordinary vaccine vesicle, which as every one is aware, is much deteriorated by simple transmission, through several individuals, by

the ill-defined effects of scrofulous and other poisons. Many of the disguised appearances of syphilitic affections, are sufficiently accounted for, I think, by John Hunter's doctrine of the antagonism of inflammatory affections in the system at large: whilst others are no less evidently influenced by different states of health, varieties of texture in the parts affected, climate, mode of life &c. From this uncertainty relative to many cases, every isolated fact is obviously of value in the history of this intricate malady, and with this view, perhaps the following abstract of some cases which came under my notice within the last few months, may not be entirely devoid of interest.

It is not always practicable (for reasons obvious), to trace several consecutive syphilitic symptoms to a definite origin; the subjoined cases where the original cause was unfortunately but too efficient, serve all the purposes of an experiment on a point not clearly defined: namely, whether a primary sore producing infection will be followed in different individuals by the same sore, and a similar assemblage of secondary symptoms. Reasoning from analogy, this proposition would seem self-evident, yet, the few cases published, seem to set it in a very questionable light. Hennen and Hunter, mention some cases which would seem to deny it, but from the uncertainty which attended their observations it is evident, they intend merely to exemplify the effects of the same *apparent* infection; and indeed, from the extreme rarity of instances, where we can arrive at any definite result, this uncertainty is not so very remarkable.

The following cases I give as I find them amongst my notes:—November 23, 1840, called to visit Mrs. J———,whom I found labouring under considerable constitutional derangement; irritating cough, headache, and pain of chest; ascribes her present illness to cold, from getting up too soon after her late *accouchement*; the stethoscope could detect nothing in the chest to account for such inflammatory excitement; accordingly, on further inquiry, I discovered very violent inflammation of the *labia pudendi*, especially the *labium* of the right side, which was excessively tumid; her pulse not being very full, I deferred bleeding till I should try the effects of the pulv. Jalapæ. comp. and small doses of tartar emetic, with the following evaporating lotion.

℞ Mist. camphoræ ℥vi.
Aquæ Ammoniæ Acet, ℥ij.
Spts. Ether Sulph. ℥ss.
Ft. Lotio, m. d. utend.

24th.—Much relieved in every way; inflammation of *labia* much abated. 28th.—Discovered some very suspicious looking papulæ and patchy excoriation, to which I applied the *nitrate of silver*; from this as well as considerable pains like rheumatism, and inflammation of the fauces, which she complained of, I intimated the possibility of syphilitic infection to her husband, and for my ingenuity was all but rewarded with my *congé*. Another medical friend now saw the case, and at once pronounced it syphilis. We accordingly put her under the hydriodate of potash with antimonial pills at night, which produced a slow, but very evident effect on the symptoms. Some few weeks subsequent to her recovery, she brought me her child, exhibiting unequivocal symptoms of the disease, which helped to corroborate my very well grounded suspicions. The little creature's skin was one sheet of *papular eruption*, and when it attempted to cry, the huskiness of the voice, but too evidently betrayed the state of the fauces; however, under the influence of the hydriodate, exhibited in small quantities, the eruption cleared off, and the state of the throat improved, under the ordinary treatment. Both mother and child at present are quite well.

February 20, 1841—Bridget B———, a poor creature, of moral habits, appeared at the dispensary with *gonorrhea*, very general *papular eruption* over the surface, and both eyes nearly destroyed by most intense *iritis; pains in her joints*, and *swelling of the glands of her neck;* in fact the most unequivocal symptoms in a state of the utmost neglect. Her child also, showed evident marks of the disease. This poor woman could give no account of how she received the disease, and could scarcely be made to believe any thing of its real nature. However, coupling the former case with this, it appeared to me that they arose from some mode of infection during parturition. Having had but too many opportunities of knowing the accredited *sage femme* of the neighbourhood, I never once suspected her, however, on enquiry I discovered that it was a different woman attended both cases, and that this woman was her daughter, who had just "come out" and was trying her "prentice hand." Having accordingly sent for the enterprising *debutante*, I at once recognized her, as a former applicant to the dispensary, for some time, with a very obstinate sore finger: the inside of the index finger of the right hand was in a most intensely painful state, from ulceration and excoriation, and after resisting the usual ointments, for some time, yielded at last to the nitrate of silver. This unfortunate woman, now complained of what she scientifically, as she thought, termed, "rheumatism in the bones," and which I believe she had been in vain trying to cure: her skin was covered with *papular* spots, and her throat also, exhibited no very questionable traces of the march of the disease. On further enquiry, it appeared, that she recieved the sore on her finger, from attending a poor woman, whom her mother rather prudently refused to visit; having been unfortunate as she thought in attempting to save the lives of two former children, who from what I could learn suffered from the influence of the disease. This poor woman I find by referring to the dispensary book, received the disease from her husband, and both had been in attendance for some time with *inflammation of the fauces, patchy excoriation, swelling of the tonsils, and pains in the joints;* in fact suffering (especially Mary———) from "primary and secondary symptoms of a very chronic and obstinate character."

The entire chain at first, of a rather perplexing character was now unravelled; the only thing to fear, being, how many more unfortunate patients, had come within the sphere of her experimental operations. From the improved state of her finger, fortunately but two women more were affected, and in these, the identity of the symptoms, with those of the former cases, now first attracted my attention.

March 11, 1841.—Mrs. M'K———,wife of a steward, of very respectable character, consulted me about a very troublesome *swelling of the glands of the throat*, with *inflammation of the fauces and palate;* she also complains of *pains in her large joints*, which she cannot be persuaded is any thing but rheumatism. About the period I was attending the first of these cases, and before I had any certain knowledge of its character, this poor woman came to me with a very painful sore between two of her toes, she at the same time complained of pains in her joints, much aggravated at night and had a small *bubo* which yielded to rest and a little medicine. From these circumstances, I questioned her very particularly, but she denied ever having had any primary sore in the usual situation. Her present symptoms, but too plainly show, how well founded were my apprehensions, but the sore on the toe, I am quite satisfied was the origin of the infection. Her child, otherwise a fine boy, is covered with patches of the *papular eruption*, and from the extreme pain and hoarseness which attend his efforts to cry,

it is quite evident, that the fauces have not escaped; the *glands* about the neck also are considerably inflamed: this woman and her child are still under treatment, though considerably relieved; the symptoms from some circumstances not easy to discover, threatening to be of very chronic duration.

Catherine B——— (the last sufferer I hope we shall have), came to the dispensary April 12th, covered with the *papular eruption*, in addition to this she had *gonorrhea*, and suffered dreadfully from excoriation; her child also exhibited a melancholy spectacle from the ravages of the disease, it could scarcely cry from *inflammation of the fauces and tonsils*, and the entire surface was covered with *papulæ*. Not long after, the mother came again to the dispensary, suffering under the most intense *iritis*, with an aggravation of the eruption, which again yielded to the hydriodate of potash, and mercury in small doses which caused the most unusual salivation; but produced the most admirable change in the state of the iris. This woman and her child are quite recovered.

The remarkable analogy, nay identity in the symptoms in these nine cases, must strike the most unobservant, for although in each, from some peculiar susceptibility, we had not all the symptoms, as I believe laid down by Mr. Carmichael, yet we plainly perceive they belong to the same category: the primary sores were all of the same character as that producing the infection, now too well known, I am sure, to require any description, and as distinguishable from chancre, as the latter is from common *herpes*. The treatment in these cases offered nothing unusual; indeed, I think, their only merit consists in corroborating what would *a priori* seem self-evident; but which the little experience we have would seem to negative. If they be not entirey decisive on the point in question (a very material point I need scarcely say), they will, I trust, elicit some other cases, bearing more immediately on it, and thus from the cumulation of facts, we may perhaps ultimately arrive at one of the most interesting axioms in the history of this very perplexing malady.

I have the honour to remain, gentlemen,
Your very obliged servant,
CHARLES KIDD, M.R.C.S.
Medical Attendant, Doonass Dispensary.

REVIEWS AND NOTICES OF BOOKS.

A COMPLETE PRACTICAL TREATISE ON VENEREAL DISEASES, and their Immediate and Remote Consequences, Including Observations on Certain Affections of the Uterus, attended with Discharges. By William Acton, late Extern at the Female Venereal Hospital, Paris.

A *complete* practical treatise on Venereal Diseases would be a very valuable, or rather invaluable performance, and perhaps the most acceptable work that could be presented to the medical profession. Mr. Acton's book cannot by any means be considered as supplying this desideratum, but it possesses considerable merit, and we can safely recommend it to the perusal of our readers. To those especially who are unacquainted with French literature, this work will be useful, as it gives a very full and clear account of Ricord's doctrines and practice. Mr. Acton proposes to give a digest of the opinions of the principal authors that have written on venereal diseases, but by far the larger portion of the book is devoted to the exposition of Ricord's views, the French surgeon indeed being made to speak in the first person throughout entire pages. The work, however, is worth perusal, and will give much valuable information to those who have not time or opportunity to refer to original sources. An atlas of plates is given, executed according to a new plan: we cannot say much in praise of the fidelity of the colouring, but perhaps the method may be improved, so as hereafter to produce a more satisfactory result.

FIRST PRINCIPLES OF MEDICINE. By Archibald Billing, M.D., A.M. The Fourth Edition, Revised and Improved.

In our first volume at p. 158, will be found a review of a previous edition of this work, and after the most careful consideration, we cannot feel ourselves justified in materially reversing the somewhat unfavourable opinion there given respecting it. At the same time, we feel bound to say that most of our brethren of the reviewing craft saw order, method, close reasoning and logic, where we could perceive nought but confusion, want of method, wild hypothesis, and illogical deductions. We beg to observe, however, that our objections to Dr. Billing's book, apply not to his facts and practical views, but to some of his explanations of them. Dr. Billing's mind seems to be so constituted, that he feels it as an imperative necessity to endeavour to account for every thing; and he seems to prefer connecting a fact with a bad theory, rather than leave it even provisionally unaccounted for.

Making, then, due allowance for Dr. Billing's immediate predilection for hypothesis and theory, the present work will be found not unworthy the perusal of the practitioner, who will meet with in it many valuable practical facts, and views well worthy of attention. For the student, until, at least, he has made considerable progress in his studies, we consider the work utterly unsuited, as may be inferred from what we have above stated respecting the besetting sin of its author. One great merit unquestionably belongs to Dr. Billing's book; which we would gladly see imitated; we allude to the evident pains which have been taken to avoid spinning it out to an unreasonable length; in the hands of some medical book-makers, this single volume would have been swollen into two or three, and this is a quality which in the present day deserves no small praise.

A GENERAL OUTLINE OF THE ANIMAL KINGDOM, AND MANUAL OF COMPARATIVE ANATOMY. By Thomas Rymer Jones, F.Z.S. Professor of Comparative Anatomy in the King's College London. Fullerian, Professor of Physiology to the Royal Institution of Great Britain.

We have frequently within the last few years been somewhat puzzled to answer a question often put to us, not only by medical students, but by practitioners, and students of natural history. What book should I read on comparative anatomy? This question we can now answer, by referring them to the work before us. We are not going to undervalue the lectures or the *regne animal* of Cuvier, the work of Professor Carus, or the outlines of Dr. Grant, or the treatise of Meckel, neither are we about to divert the student from the study of the valuable contributions of Macartney, Blainville, Poli, Delle Chiage, Frederick Cuvier, Straus Durckhiem, Owen, Knox, Tiedemann, Muller, and fifty others: nay, we are not even in revenge putting out of sight the ponderous tomes of Home, plundered from the burned folios of the immortal Hunter, and published at the expense of an obsequious Royal Society. We are not attempting or intending any thing of this kind, but only venturing to assert that the work before us supplies a desideratum long sought after; a work which should give a general view of animal organization in all its various forms and modifications, from man to polype, without the details of mechanical construction, or the repetitions and modifications of different organs in different animals. With it in his hand to begin

with, and the articles in the *Cyclopœdia of Anatomy*, the mammalia and birds of Macartney, the lectures of Cuvier, the outlines of Grant, and the principles of comparative physiology of Carpenter to illustrate and perfect, he cannot be at a loss.

The work is divided into sections, on the nervous system, organs of sense, locomotive organs, skeletons of invertebrata, skeletons of vertebrata, nutritive system, respiratory and circulating system, generative system, lymphatic system, urinary system, development of the embryo. These are considered through all the departments of the animal kingdom; sponges, polyps, polygastrics, acephalœ and sterelmintha; cælelmintha, bryozoa, rotifera, epizoa, echinodermata; annelida, myriapoda, insecta, arachnida, crustacea; cirrhopoda, brachiopoda, tunicata, conchifera, gasteropoda, pteropoda, cephalopoda; fishes, reptiles, birds and mammalia, and all the great leading facts instructive and important in an anatomical and physiological point of view, are selected and applied. The illustrations are of the most perfect and beautiful descriptions, being wood engravings, executed with exquisite delicacy, from the admirable representations of Poli, Dille Chiage, Straus Durckheim, Lyonnet, Roesel, and others. Anatomists and naturalists are greatly indebted to M. Van Voorst, the publisher, for the taste, spirit, and liberality he has displayed in this, and other publications of this nature. It is an enjoyment to contemplate in the plates, such triumphs of the ancient art of wood engraving.

ACCOUNT OF AN APPARATUS FOR APPLYING WATER IN THE MANNER OF IRRIGATION.

BY JAMES MACARTNEY, M.D., F.R.S., &c.

The term *irrigation* has been adopted by some French surgeons, to express the continual watering or wetting of inflamed parts. The manner in which this remedy is used in the Hôtel Dieu, and some other French hospitals, is very imperfect. A bucket holding water is suspended to the top of the bed, exactly over the afflicted limb of the patient, on which the water continually drops from a cock half turned, that is inserted into the lower part of the bucket. The bed is covered with a sheet of painted linen, over which the water flows, and is collected in another bucket placed on the floor at the foot of the bed.

This mode of applying water makes it necessary that the patient should be in a great measure uncovered, and that the whole of the limb should be soaked with water. The dropping of the fluid from a height, also produces a startling and disagreeable sensation. The remedy, consequently, is only fit to be used in warm summer weather.

In order to obviate this objection, I have contrived an apparatus expressly designed for irrigation, by means of which water of any requisite temperature can be employed, and conveyed to the affected part underneath the bed-clothes. The apparatus consists of a box made of zinc, something like a fracture-box, in which either the upper or the lower extremity of the patient may be placed. The water, of a medicated fluid, is carried in a flat tube, which at one end is connected with the reservoir, and the other end projects through a slit in the upper edge of the box. The tube contains a strip of coarse woollen cloth, which is broad at one end and pointed at the other. The broad end is received by the vessel that contains the fluid, and the pointed end either rests upon the dressings of the affected part, or is suspended immediately over them. The water is taken up by the strip of cloth, and carried along it on the principle of capillary attraction, or in the manner of a syphon; and thus a continued supply of water is conducted to the part, affected, without inconvenience or exposure to the patient. In order to get rid of the fluid, there is a concave bottom, perforated with large holes, through which the fluid passes into the inferior part of the box, and from which it is conveyed by a tube into any vessel that may be placed outside the bed for the purpose of receiving it. The perforated bottom, for the sake of cleanness, is made to take out; and there is a soft cushion, covered with painted linen, on which the limb rests, and consequently, the whole is not kept wet.

The quantity of fluid which may pass can be regulated by placing the vessel or reservoir containing the water either higher, or on the same plane as the patient's bed. If placed high, so much as three gallons of fluid may be supplied in the course of 24 hours. If warm water be required, as in cases of strains and lacerated wounds, the temperature of the reservoir may be kept up by means of a spirit lamp.

The irrigating machine is made and sold by Messrs. Weiss and Son, Instrument makers, No. 63, Strand, London.

The advantages of such an apparatus as I have described, are sufficiently obvious to all persons acquainted with the effects of moisture at different temperatures, according to the nature of the injury, in appeasing the sensations, and in preventing or abating inflammation.—*Provincial Medical and Surgical Journal.*

ESTABLISHMENT OF HOSPITALS IN CHINA.

In an early number of this Journal, (vol IV. p. 568,) we noticed the establishment of medical missions in China; and we are much gratified to learn that they have been most successful in their double capacity of providing for the temporal and spiritual wants of the singular people on the borders of whose vast country they are planted. One of the most zealous and enlightened of these excellent missionaries, the Rev. Peter Parker, M.D. of the United States, is now in England for the purpose of raising "a permanent fund for the support of the "Medical Missionary Society in China," for the maintenance of the hospitals already established, and for the founding of others at every accessible and eligible part of China." The efforts to benefit the Chinese in this way in modern times are, we are told, briefly these:—Alexander Pierson, Esq., surgeon to the Honorable East India Company, introduced successfully the art of vaccination in 1805; this has since extended widely through the empire. Dr. Livingston and Rev. Dr. Morrison opened an infirmary for the poor Chinese at Mocao in 1820, which was sustained for some time, and alleviated much suffering. In 1827, T. R. Colledge, Esq., surgeon to the Honorable East India Company, opened his Eye Infirmary at Macao, and, during the three years of its continuance, afforded relief to no less than 4000 patients, among whom were persons in different ranks, and from various parts of the empire, from whom he received many and unequivocal tokens of gratitude. The Opthalmic Hospital at Canton was opened by the Rev. P. Parker, M.D., October, 1835, and the General Hospital at Macao, in July, 1838. Up to the 17th June, 1840, these institutions had received upwards of 8000 patients, embracing every variety of disease. It was after long effort that a place was found for an hospital; and when at length a suitable building was rented, and previous notice had been given, the first day no patients ventured to come; the second, a solitary female affected with glaucoma came; the third day, half a dozen; and soon they came in crowds. Since then patients from all parts of the empire have availed themselves of the benifits of the hospital; persons of all ranks, military, naval, and civil officers, the Nanhæheer, or district magistrate, the custom-house officer, salt inspectors, provincial judges, provincial treasurer, a Tartar general, governors of provinces, Commissioner Lin himself, and even a member of the imperial family.

The following extract from the same pamphlet which has supplied us with the above information respecting

hospitals in China,* and which we recommend to the notice of our readers, points out, in a few words, the nature of the noble cause in which this gentleman is engaged, and which cannot fail to commend itself to every philanthropist.

"That the union of the art of healing with that of teaching, in the missionary of modern times, is as important as in the early ages of Christianity, is no longer doubtful. The experiment has been made, and succeeds. Healing by miraculous agency was employed at the commencement of the Christian era, chiefly as other preternatural powers were to establish the divinity of Christianity. A still further object was to exhibit the beneficial spirit of the Gospel. The age of miracles and the occasion for them ceased together; but the *spirit* of the Gospel is the same in every age. Healing the sick, opening the eyes of the blind, and the ears of the deaf, and causing the tongue of the dumb to speak, and the lame to walk, by natural and scientific means, is not less calculated in the nature of things, to conciliate favour, and to demonstrate the disinterested and benevolent genius of Christianity now, than it was 18 centuries ago. Though the practice of medicine and surgery among Western nations is founded upon *science*, yet, to an uncivilized and superstitious nation, it has much of the appearance of a superhuman power, which may lawfully subserve a good end, if the truth of the case be distinctly stated, and their credulity be not imposed upon. The gratuitous practice of medicine and surgery, foundling hospitals and infirmaries, confer a direct and great good upon suffering humanity. This species of charity is peculiarly needed in China. To sustain the hospitals already established in the empire, and to multiply them as the way is prepared, and in them to train up Chinese youth, to extend the blessings beyond the limits to which the policy of the government restricts foreigners, and to give a correct and scientific practice of medicine and surgery to an empire which exceeds in territory and population any other nation, is of itself a grand enterprise. The undertaking so great, is also *practicable*. Had the object no claims beyond those already alluded to, it would be deemed sufficient in respect to any Christianised country; but in relation to China, they are the subordinate claims, compared with still higher ones, to which they conduct. In exhibiting the utility and importance of this object, let it not be supposed that any other is displaced. It is not to be lost sight of for a moment, that *Divine truth* is the great agent through which our ultimate aim is to be gained. While by the needle of the oculist the light may be poured upon the eye long dark, by the surgeon's knife the useless limb amputated, and by the physician's skill even the malignant disease may be cured, nothing short of a higher power can, in a moral sense, remove the film from the eye, clarify the spiritual vision, and heal the malady of sin. At present, however, it is but to a limited degree that the higher means can be employed; but to exhibit the spirit and the fruits of the Gospel, Providence has remarkably opened the way; and it is fondly hoped that at no distant day, the Chinese will regard this benevolent office as such, and permit us to publish and enforce the *precepts* of Christianity. After several years' experience and residence in China, the firm belief is expressed, that in the present state of the Chinese, who are prejudiced against foreigners, as avaricious and barbarous, and possessed of no redeeming qualities, there is no method so directly adapted to remove false impressions, and to convince them of the true character of Christian men and the Christian religion, as by the plan adopted by the Medical Missionary Society in China."

We earnestly commend the sacred cause in which Dr. Parker and his brethren are engaged, to the attention of all whose position and means enable them to promote it. Independently of the richer fruits of their heroic labours, we look forward, with confidence, to great benefits which medicine may expect from them, in the observation of new forms of disease, and in the discovery of new therapeutic means in the natural productions of this vast and unknown country, and amid the mountains of pharmaceutic rubbish which have been accumulating in their traditionary and written records, from periods anterior to all occidental history. We shall even hope for no inconsiderable addition to our stock of oriental medicine, from the work which Dr. Parker is now preparing for he press, founded on his observation and practice in China.—*British and Foreign Medical Review.*

* "Statements respecting Hospitals in China," by the Rev. Peter Parker, M.D.—London, 1841.

TO SUBSCRIBERS.

Gentlemen in arrear are requested to forward their subscriptions to this office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 4, 1841.

THE APPLICATION OF THE COLLEGIATE SYSTEM TO MEDICAL EDUCATION.

The Rev. J. H. North, Chaplain to St. George's Hospital, has lately addressed *a letter to Sir Benjamin Brodie, on the application of the Collegiate System to the Medical Schools of the Metropolis*, the greater part of which we shall take the liberty of borrowing for the information of our readers. It has always been our conviction, and we have not failed to express it, that no plan of medical reform can be expected to answer the great end of benefitting the public, by the elevation of the character of the medical profession, unless there be comprised in it a radical change in the mode of professional education. That a main object of any such change should be the introduction of the academic system, we are also firmly convinced. Control and discipline are, in all educational plans, required, no less essentially for the master than for the scholar: but it appears to us that this is especially true in the case of medical science, the practical use of which depends much less upon the possession of mere technical knowledge, than upon an aptitude for the prompt application of elementary principles, under infinitely varying circumstances. Such an aptitude can only be induced by a slow and gradual training of the moral and intellectual faculties; by control and discipline; by education, in the proper sense of that much-abused word. We do not apprehend that any candid person, acquainted with the medical schools of Great Britain, will deny the fact, that in them, no approach is made to any such system of training; but let us hear Mr. North both upon the evil, and the remedy which he proposes—

"The life of a medical student may perhaps be well described by the word desultory. Supposing him to have left home, probably in some remote part of the country, and to have come to London solely for the purpose of professional study, not having any relatives or near connexions in the metropolis, we can hardly conceive any one in a position less comfortable, or more exposed to temptation. With few exceptions, the age at which he comes to London is, I believe, nearly the same as that of a freshman going up to one of our universities. But what a striking difference there is in the provision made for the comfort and discipline of the young student in the two cases! I will briefly exhibit the contrast. As soon as a man

goes up to Cambridge, (I speak of Cambridge as having more certain knowledge of the system there pursued,) he is required to present himself before his tutor, whose authority over his pupil extends not only to his studies, but to the regulation of his hours, and nearly all the matters affecting his domestic arrangements. It is upon the point of comfort that I am particulary speaking now. Rooms are provided either within the walls of the college, or in some house licensed for the purpose by the university, the proprietor of which is strictly answerable for his conformity to the regulations which the college issues. Dinner is provided in the hall, at which the presence of the under-graduates is not only expected but enforced; and for the other meals, commons are dispensed in stated quantities, and at fixed prices. The bills for necessary articles incurred with the tradesmen of the town pass through the hands of the tutor, who, at the request of parents or guardians, may thus have a vigilant eye upon the expenses of those committed to his care. The rules respecting rooms, commons, furniture, and other matters of this kind, are sufficient to ensure the comfort of all who are disposed to avail themselves of the help which is thus afforded them. That these rules may be evaded, that in some particular instances they fail of producing all the comfort expected, these exceptions, and such as these, do not constitute any argument against the system. My assertion is this, that for a young man going up to the university, circumstances are created favourable to his comfort. The medical student has none of these advantages. There is no officer connected with the hospital at which the pupil is entered, whose province it is to guide him in the selection of his apartments; there are no limits within which his choice is confined; there is no warrant for the respectability of the persons at whose house he may take up his abode: there is no provision made for the regularity of his meals, nor for any of those arrangements upon which his comfort depends. He has to settle and arrange for himself all those household affairs, which present no slight difficulty to those who are far older and more experienced than himself. He is alone; and solitude in London is of all things the most desolate. In these circumstances, he applies for guidance to those who, not unfrequently, are least able to render him effectual aid; he is at least as likely to fall into bad hands as into good: it may be, a notice stuck up in the hall of the hospital catches his eye, and he takes refuge from his perplexity in the first lodging-house that presents itself; and in this situation unfriendly to his moral character, unfavourable to study, not admitting any superintendence, and destitute of all domestic comfort, he passes the first months, perhaps, which in the whole of his life have not been spent in the society of his family or friends.

If from this view of the condition of the medical students we turn to a somewhat different one; if, from speaking of their comfort, we come now to speak of their discipline, the case becomes far stronger, and one which yet more powerfully calls for some improvement. I will again recur to the situation of under-graduates in support of this part of my argument. To speak briefly, the means insisted upon to secure regularity of conduct are these: daily attendance at chapel, again at lectures, a third time at hall; and lastly the system of gates, by which a return of every under-graduate who is out after ten o'clock at night is daily made to the tutor or dean. The punishments for offences against these laws consist of impositions and deprivation of liberty for periods varying in length, and eventually loss of terms and consequent postponement of the degree. I am not aware that the discipline of our universities has ever been considered too severe; nor do the tutors and deans find that they have too much power for the purpose of maintaining due attention to the necessary points of correct behaviour. Yet of all these restraints—these wholesome and necessary restraints—the life of a medical student is wholly devoid. There is, indeed, some attendance required on lectures, some in the wards of the hospital; but, with this exception, the pupil is entirely his own master; that is, in all matters relating to his hours, his expenses, his companions, his religious and moral habits, he is utterly without a check; and in all the heat and inexperience of youth, he finds all London before him for the uncontrolled gratification of his favourite desires, whatever they may chance to be.

As contrasted with the member of the university, he is in a larger town, in a far more mixed society, (for, with few exceptions, gownsmen do not associate with the inhabitants of the town,) less liable to observation, (for, the academic dress constitutes a mark of distinction and recognition,) exposed to greater risks in every way, while all the restraints which exist in the one case are wanting in the other. To this we may add, that the course of previous education has already prepared the school-boy for the ways of the university; already has the school afforded him a miniature (and in some instances far more than a miniature) picture of the university, so that the transition in the case of one leaving a public shool is very slight. In which respect the medical student is very differently placed. Take, for example, the case of one who has been removed from school at the age of fourteen or fifteen, for the purpose of being apprenticed to a practitioner in the country; and this is, I believe, a very general course. What superintendence has been exercised here? What pains can have been bestowed upon the moral culture, or the formation of the principles and habits of a youth thus situated, by a master whose unavoidable absence from home extends frequently to the whole of the day, and whose intercourse with his apprentice is thus necessarily confined within the limits of mere professional commands on the one side, and obedience on the other? Yet, with no other preparation than this, it is that perhaps the majority of students are sent to encounter the difficulties and temptations of a London life. A preparation surely, which, by its incompleteness, suggests how essential to the welfare of this class some friendly direction, some mild system of control must be.

Now, for this state of things it does seem to me very desirable that some remedy should be devised. It is true, that some who are content with things as they are, will deny the necessity of any change, upon the ground of the high position which is held in public esteem by the members of the medical profession. They may point to the intellectual and moral qualifications of not a few who have shed lustre upon the ranks of that profession; and then may ask, whether a system which has sufficed to produce such fruits can be in any essential degree defective. I believe that the most eminent members of the profession would be among the first to acknowledge the defect which it is the object of this letter to point out. I believe that, remembering their own early difficulties, and the serious impediments which were in the way of their first attempts to acquire professional knowledge in a manner which should also prepare them for the other duties of their station, they would be most solicitous to remove such hindrances from the path of those who are now following their steps. But, in truth, I am not discussing what may or may not be necessary for the great and eminent, but what may be useful for the ordinary class of students. That some men are so good as not to need laws, and some so bad as not be improved by them, is no just argument against legislation. And so, that the resolutely industrious will

make good progress under any system, while the incorrigibly idle will be mended by none, is no good argument against such an improvement in the mode of education as shall provide suitable aids for those who, being neither resolutely industrious nor incorrigibly idle, are likely to be assisted or hindered accordingly as the circumstances by which they are surrounded are or are not favourable to their comfort and their discipline. The remedy which I propose, then, for the evil which I have imperfectly described, and the existence of which is, I believe, fully admitted by those most competent to form a correct judgment, is simply an application, so far as may be found practicable, of the collegiate system to the great medical schools of the metropolis. I cannot conceive upon what grounds exception can be taken to such an application. It is a measure which would be attended with no expense; for the method of introducing it might be so contrived as gradually to extend the experiment in a manner proportionate to its success. A suitable building, or range of buildings, may be purchased, rented, or erected, as the convenience of the neighbourhood may admit; and here apartments may be allotted by some duly constituted authority at a moderate rent previously fixed. This will, in all probability, not be higher than the rate at which furnished apartments are let, especially at the west end of the town; no additional burden, therefore, will be laid upon the students, while the expense incurred by building or hiring the college (for why should I not use the word?) will be reimbursed by the rents thus received. If this dufficulty be once surmounted, and a suitable building be provided, all the points of internal discipline will easily be arranged: they are matters of detail, which a little patient consideration will speedily settle. In whose hands the general superintendence is to be placed, how far it may be advisable to have a common hall, and to require the presence of the pupils at dinner, what hours are to be observed, and under what penalties; these and the like questions will, I think, present no serious difficulty, if it be once decided that the general outline of the plan is to be adopted, and if the execution of it be committed to those in whose judgment and experience confidence may be reposed. I have already alluded to the interest which this proposition has excited among several members of the profession. But with the public, of course, must be left the decision whether or no this attempt to amend the condition of medical students shall be made. Nor, I may be permitted to say, do I think that there is any portion of the public to whom the question is of deeper interest than to the governors of St. George's Hospital; to whom, then, can this appeal be more properly made? The situation of our hospital in a great thoroughfare, its entire dependence upon popular support, the high patronage under which it flourishes, the character which it has established, and which it is concerned to maintain, all combine to mark the propriety of its taking the lead in a change which cannot, I think, fail of being most beneficial to those who are now in course of training, and who shall hereafter be trained in the school of Hunter and of Baillie, and of others yet living, for that profession which these eminent men adorned. And if beneficial to the students, this change will scarcely be less so to the institution itself. For how powerfully do the conversation, conduct, and habits of life of the students who throng the wards of the hospital, how powerfully must they act upon the nurses and servants, and (though somewhat less directly) upon the patients within the walls! Indeed, the indirect advantages which would in all probability arise from having a body of pupils, whose persons are well known, whose characters were observed, whose excesses were animadverted upon, whose regularity was encouraged; I say, the indirect advantages probably to be derived from a body of students thus disciplined are so numerous as to suggest the propriety of abstaining from further discussion of them, lest I trespass at too great length upon your valuable time.

"I trust I have said enough to draw the earnest attention of yourself and other influential governors of St. George's to a subject of great moment. The change which I have now feebly advocated is, I conceive, not only practicable, but easy; it will not be attended eventually with expense or risk of any kind; and the issue of it, I believe I am too sanguine in hoping, would be a real improvement in the comfort and discipline, that is, in the education of men, to whom, if well trained, we may confidently look for the promotion not only of the physical, but also of the moral welfare of all classes of society. I am sure even the wish to advance such a cause will be sufficient excuse for my having intruded upon your notice; and, I thank you for the kindness with which you have afforded me this opportunity of discussing the question."

The length at which we have quoted Mr. North's letter makes it unnecessary for us to add any further comment; but we cannot omit the expression of a confident hope, that the subject may receive a favourable consideration in the proper quarters. The proposal is not altogether a novel one: it has long since, we believe, attracted the attention of Mr. Harrison, the distinguished treasurer of Guy's Hospital; and was, upon a recent occasion, favourably received by the Archbishop of Canterbury, and the Bishop of London. In addition to this extra-professional patronage, the conclusion of Mr. North's letter would lead us to infer that the plan will have the powerful support of Sir Benjamin Brodie; and we have some reason to think that it will not want the highest professional advocacy in this part of the empire. In the meantime, we must, in the name of the medical profession, tender our best thanks to Mr. North for the zeal and ability with which he has come forward in support of its best interests.

INSPECTOR-GENERALSHIP OF PRISONS.

Various rumours are afloat with respect to the appointment to this vacant office, and among them we are glad to find a very current one, that the situation will be filled, as it ought to be, by a medical man. The example of the miserable failure of the poor-law scheme should prove a warning to the government on the present occasion. That that failure was, in a main degree, owing to the mismanagement of the medical details of the measure, we feel fully warranted in affirming, and we cannot but believe that people in authority must now be aware of their own folly in having entrusted matters of such importance to the ignorance of so presumptuous and one-sided a person as Mr. Nicholls. We hope that they will not now turn to the merchant navy, or the household staff, or even to the bar, to select an officer whose duties require a knowledge of medical police, and of the characters and habits of the lower classes of the people. Among the medical candidates, we may mention, as the most prominent, Mr. Francis White and Sir James Murray.

REPORT OF THE BAGNALSTOWN DISPENSARY,

FOR THE YEAR ENDED MARCH 1, 1841.

THE epidemic constitution of the late year appeared extremely mild in this district. It is singular that not a case of the ordinary exanthematous fevers presented itself at the dispensary, and but one case of pertussis, in a very populous neighbourhood. Fever (synochus) was unusually mild and divested of its malignant characteristics to a great degree, and did not appear to be so contagious as in more unfavourable seasons.

The small mortality is attributed to the healthy character of the year. No deaths are enumerated but those which occurred under treatment from this dispensary.

The scale annexed will show the relative proportion and mortality of the diseases generally, which presented themselves.

TABULAR VIEW OF DISEASES OCCURRING AT BAGNALSTOWN DISPENSARY, FOR YEAR ENDED MARCH 1, 1841.

	Nos.	Deaths
PYREXIÆ.		
Synochus,	51	
Fever, remittent,	6	
— hectic,	1	
	— 58	
PHLEGMASIÆ.		
Erysipelas,	4	
Cynanche, tons,	2	
Rheumatism, acute,	2	
— chronic,	21	
— arthritic,	7	
— lumbago,	15	
	— 51	
HEAD.		
Vertigo,	1	
Cephalalgia,	18	
Hydrocephalus acutus,	1	1
	— 20	
THORAX.		
Catarhh pulm.,	2	
Bronchitis,	169	1
Pneumonia,	5	1
Pleuritis,	2	
Phthisis,	3	1
Asthma,	12	
Pertussis,	1	
Hœmoptysis,	5	
	— 199	
ABDOMEN.		
Dyspepsia,	142	
Gastritis, acute,	18	
— chronic,	22	1
Enteritic,	11	
Colitic,	6	
Hepatic,	6	
Diarrhœa,	35	
Dysenteria,	8	
Anus, prolapsed,	3	
— imperforate,	1	
Hæmorrhoids,	2	
Condylomata ani,	2	
Hernia,	5	
Ascites,	2	
Apthæ,	4	
Vermes,	6	
	— 273	
PELVIS.		
Eneuresis,	1	
Vesica irritabilis,	1	
Dysuria,	5	
Cystitis,	2	
Prostatic disease,	1	
	— 10	
NERVOUS SYSTEM.		
Neuralgia,	23	
Sciatica,	3	
Tabes dorsalis,	1	
Epilepsy,	1	
Aphonia,	1	
Rigors,	1	
	— 30	
CIRCULATING SYSTEM.		
Palpitatio,	5	
Morbus cordis,	1	1
	641	6

	Nos.	Deaths
Brought forward,	641	6
Nævus maternus,	5	
Varicose veins,	2	
Purpura hæmorrhagica,	1	
Epistaxis,	1	
Œdema,	7	
Lymphatic glands diseased	4	
	— 26	
SKIN.		
Cutaneous, { Erythematous, Scaly, Vesicular, Pustular,	127	
Ulcers,	14	
— scrofulous,	7	
	— 148	
GENERATIVE ORGANS.		
Gonorrhœa,	3	
Leucorrhœa,	3	
Syphilis,	4	
Hysteria,	3	
Amenorrhœa,	10	
Menorrhagia,	2	
	— 25	
PREGNANCY.		
Labour,	10	
Miscarriage,	1	
Peritonitis,	2	
Phlegmon mammæ,	3	
	— 16	
INFANCY.		
Dentitio,	5	
Cynanche trachealis,	3	
Diarrhœa,	3	
Febris gastro, enteritic,	11	
Tabes mesenterica	1	1
	— 23	
LOCAL AFFECTIONS.		
Phlegmon,	10	
Anthrax,	4	
Paronychia maligna,	3	
Periostitis,	2	
Paracusis,	3	
Ottitis,	6	
Synovitis,	2	
Morbus coxarius,	3	
Hydrocele,	2	
Hernia humoralis,	2	
Eye, { Opthalmia, Amaurosis, Cataract,	29 / 7 / 5	
Cancrum labii,	4	
	— 82	
ACCIDENTS.		
Fracture,	1	
Burns,	5	
Contusions, &c., &c.,	119	
	— 125	
VARIA.		
Vaccinated,	41	
Complicated and Unclassifiable.	368	
	— 399	
	1485	7

Total number of cases,	1485
Number of applications.	2221
Number of deaths (under dispensary treatment)	7

GRIEFS OF THOMAS WAKLEY.

The honourable member for Finsbury, the illustrious Cade, has found a great mare's nest with two stale eggs in it, laid by the poor-law contributors to the Dublin newspapers. After announcing with great complacency that "while Lord Howick, supported by all the influence of Earl Grey, was rejected by the electors of Northumberland, he (the *assailed* member for Finsbury) was returned without opposition by one of the largest and *most respectable* constituencies of the metropolis," he proceeds to *assail* the Medical Association of Ireland, and to try the old dirty trick which has so long been the staple article of the *Lancet*, thinking that by crying political mad dog upon "some members" of the Association, he can foment discord, and sow that division in the profession in Ireland, which has so long served his purposes in England. In this our friend John assuredly reckons without his host.—In Ireland, at all events, he is found out, and even if he was not, the gentlemen who compose the mass of the medical profession in Ireland would spurn the dictation of any cockney political adventurer, who cares as much about Ireland as he does about the "*respectable* constituency" which he represents, when his turn is served. But, on second thoughts, we must pardon the irritation of our offended cotemporary, and beseech of him to "aggravate his choler." He is all in the wrong. It was not at the meeting of the Association that he was so bitterly "*assailed*" for his parliamentary tergiversations relative to medical affairs; or that the circumstance of his being the only person pretending to the medical character in the House of Commons, was so deeply deplored: it was at another meeting, with which the Medical Association of Ireland had no immediate connexion. With this explanation, we hope the offended legislator may rest satisfied. For our own parts, nothing is farther from our thoughts than to deal with him in other than terms of the highest consideration.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, July 29.—Council met.

The Treasurer reported the receipt of the following sums:—

Dr. Wright, Arklow, 10s. renewal subscription.

Dr. Charles Armstrong, Cork, 10s. do.

Dr. Philip Armstrong, Berehaven, 10s. do.

Read letters from Dr. Barry, of Rathcormac, complaining of the amount of three coroner's orders awarded to him, having been reduced by the Cork presentment sessions.

Resolved—That Dr. Barry be requested to have the case argued before the judge of assize, on behalf of the Association.

Read a letter from Dr. Charles Armstrong, of Cork, seeking information regarding the laws regulating dispensaries.

Resolved—That the required information be supplied by the Secretary.

NEW HOSPITAL.

The Municipal Council of Paris has decided on the establishment of a new hospital in the northren part of Paris. It is to be called *Louis-Philippe's* Hospital; will contain 600 beds, and is destined for the treatment of chronic diseases.

COLLEGE OF SURGEONS.

Bransby B. Cooper, Esq., has been elected Professor of Anatomy and Surgery to the Royal College of Surgeons, in place of F. Tyrrell, Esq., resigned.

A CASE OF EXTREME DISTRESS.

TO THE MEDICAL PROFESSION AND PUBLIC.

The Daughter of a Clergyman, Widow of a Medical Man, who died lately, of a malignant fever, leaving her and two female infants totally unprovided for; the eldest three years and four months—the other sixteen months. Her Husband held a Public Institution for twelve years, and discharged the duties of it to the perfect satisfaction of the supporters of that establishment; he lost his life by fever, caught in attending some poor patients of his Institution, was cut off in fourteen days, in the thirty-fourth year of his age.

Thus, in the prime of life was he snatched from his afflicted and distressed widow, and helpless little orphans. The mother, who is now deprived of every earthly comfort by his death, looks with hope and confidence to the Medical Profession and Public for some pecuniary relief or assistance, to enable her to adopt some plan for the support of herself and children. Her husband went to considerable expense to establish a society and fund for persons circumstanced as his poor widow now is, which, had it succeeded, would have prevented the necessity of such an appeal as the present: but it pleased Almighty God to arrest him by the hand of death, and leave his widow and helpless charge to the sympathy and generosity of the Medical Profession and Public.

The following gentlemen will substantiate the facts of this case, and thankfully receive subscriptions:—

Sir Henry Marsh, Molesworth-street; Surgeon Wilmot, 120, Stephen's-Green, West; Messrs. Boileau and Brothers, 88, Bride-street; Dr. Whitestone, 32, Frederick-street; Dr. C. P. Croker, 7, Merrion-square, West; Dr. Hendrick, 34, Grafton-street; Thomas Wilson, Esq., 12, Temple-street, or at the Bank of Ireland; Dr. Benson, 34, York-street; George Fleetwood, Esq., 122, Stephen's-green; Dr. M. Collis, 18, Merrion-square, North.

Dr. Collins, Merrion Square,	£10	0	0
Thos. Wilson, Esq., 15, Temple-street,	5	0	0
Sir H. Marsh, Bart.,	3	0	0
A. Colles, Esq., Stephen's-green,	2	0	0
Dr. Croker, Merrion-square,	2	0	0
Sir Philip Crampton, Bart.,	1	0	0
Surgeon Wilmot, Stephen's-green,	1	0	0
Dr, Benson, York-street,	1	0	0
M. Collis, Esq., Merrion-square,	1	0	0
Dr. Montgomery, Molesworth-street,	1	0	0
Mr. Nicholls, Dawson-street,	1	0	0
Rev. John O'Rorke, by Dr. Croker,	1	0	0
Rev. Thomas O'Rorke, do.,	1	0	0
Miss O'Rorke, do.,	1	0	0
Dr. Cornwall, Killucan, by Dr. Benson,	1	0	0
A Friend, per Dr. Croker,	1	0	0
Dr. Hargrave, York-street,	0	10	0
Dr. L. per Dr. Croker,	1	0	0
Dr. Hutton, by Dr. Benson,	1	0	0
Dr. Purefoy, by do.	0	10	0
Dr. T. H. Purdon, Belfast, by do.	2	0	0
J. Smyly, Esq., Merrion-square	0	10	0
Dr. O'Grady, by Dr. Croker	1	0	0
A Friend, by do.	0	5	0
Dr. Tabuteau, Portarlington	1	0	0
Dr. Roe, Cavan	1	0	0
Arthur Hume, Esq., by Sir H. Marsh	1	0	0
Mr. Price, Grafton-street, by ditto	1	0	0
Dr. Nolan, Wicklow, by Dr. Benson	1	0	0
Dr. Butler, Sackville-street	1	0	0
Editors of the Medical Press,	1	0	0

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Twelve Months	£1	5	0
Six Months	0	13	0
Single Number	0	0	6

Wednesday, August 4, 1841

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXXXVI.] DUBLIN, WEDNESDAY, AUGUST 11, 1841. { PRICE SIXPENCE, STAMPED.

Lectures on General Pathology and Therapeutics, Delivered at the Faculty of Medicine, Paris, by M. Andral.—No. V.—
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ABSTRACT OF THE LECTURES ON GENERAL PATHOLOGY AND THERAPEUTICS,

DELIVERED AT THE FACULTY OF MEDICINE, PARIS,

BY M. ANDRAL.

BY M. MONNERET—NO. V.

SYNTHETIC EXAMINATION OF THE BLOOD—GENERAL CONSIDERATIONS ON FEVERS AND THE PHLEGMASIÆ, AS CONNECTED WITH ALTERATIONS OF THE BLOOD.

Sanguineous Temperament; Plethora.—As certain diseases are but an exaggeration of the temperament, we shall begin by examining the modifications which the blood may physiologically present. There is merely a difference of degree between the sanguineous temperament and plethora on the one hand, and morbid plethora on the other. Every individual is not endowed with a decided temperament, but all possess a peculiar constitution; and we must examine how far and in what manner the blood is modified in connection with temperament.

Much has been attributed to the blood in the production of the various temperaments; and the term sanguineous temperament has been assigned to designate a supposed excess of blood. The influence attributed to the other fluids of the system is indicated by the phrases bilious, lymphatic temperaments, &c. The sanguineous temperament is a physiological type, which, when exaggerated, constitutes plethora; and the same is true of the other temperaments also.—Individuals of the sanguineous temperament are usually robust, and all their organs are endowed with remarkable activity. It has been maintained that their blood is superabundant in quantity, and also richer, as it has been termed, than natural in quality. And it has been even further asserted that this augmented richness consists in an augmentation of the quantity of fibrine; in proof of which the bulky crassamentum and formation of the buffy coat in their blood has been appealed to. As to the augmentation of the quantity of the blood, of this we can know nothing, as we are quite ignorant of, and cannot even approximatively estimate the mean quantity of blood in each individual. It would seem to result from experiments of MM. Andral and Gavaret that if the solid elements of the blood increase in quantity, the water diminishes; and thus there is no augmentation of quantity, but merely a compensation.

In estimating the quantity of fibrine in the blood, it does not suffice to merely inspect the clot and observe the relation between it and the serum. The amount of fibrine must be directly ascertained, to know whether the fibrine or the other elements of the blood are augmented in quantity. It has been generally supposed that it is the fibrine which is augmented in quantity in the sanguineous temperament; but such is not the case: it may amount to its maximum ($3\frac{1}{2}$), but never exceeds that limit, and consequently the temperament cannot be caused by an increase of the quantity of fibrine. The quantity of albumen is not augmented either: the globules are the only element increased in quantity; they are increased to the extreme physiological limit, and sometimes exceed it.—They vary from 127 to 140, beyond which is a condition of disease. The fibrine is natural; the other elements do not exceed their mean quantity; the water increases.

If we examine the blood before coagulation, we find it of a vivid red colour, which arises from the abundance of globules and of the colouring matter inseparable from them. When the blood coagulates the clot is bulky, also in consequence of the augmentation of the globules, but particularly from the serum retained by the clot; for the fibrine, being in small

quantity compared with the globules, cannot, in contracting, expel the serum as completely as it would were it in larger proportion. The consistence of the clot is not increased, as is generally supposed; it is, on the contrary, soft, and assumes a bright red colour from the oxygenation of the blood. One of the chief characters of the blood of plethoric persons is that it never forms a perfect buffy coat, though the contrary is asserted, which is explained by the small quantity of fibrine and the predominance of the globules.

The phenomena of plethora may be considered as both physiological and pathological. As to the physiological phenomena, all the functions are remarkably active; there is so to say an excess of life corresponding to the excess of globules. The digestive functions are rapidly accomplished; but we must not imagine that we can create plethora by gorging an individual with nutritive food; there is something in the constitution which foreruns the development of this temperament: we cannot create it at pleasure. The respiratory apparatus is amply developed; the capillaries are always injected, whence the vivid redness of the skin and the mucous membranes, the conjunctiva, lips, &c. The temperature is elevated, transpiration abundant, the secretion of urine remarkably active, the urine being at the same time high-coloured and loaded with salts. The brain is easily excited; the passions energetic, excitable: despite this cerebral activity, the sensibility is not excessive, nor nearly so exalted as in the nervous temperament. Nervous symptoms and the neuroses are not accompaniments of the sanguineous temperament. It seems as if the sensibility diminished as the globules augment in quantity, which is exactly the reverse of what is observed in chlorosis, where the sensibility is exalted to an extreme degree because of the diminution of the globules. We may then conclude that augmentation of the globules causes an unusual activity of all the functions, but that it has no effect on the nervous system.

Three great pathological phenomena belong to plethora—congestion, hæmorrhage, fever. We know how frequent are cerebral and pulmonary congestions in plethoric subjects, as are also hæmorrhages of the parenchyma of the organs and of mucous membranes. The mere augmentation of the globules destroys the equilibrium between them and the fibrine, and the blood loses its consistence. Plethoric persons are not, as was long thought, more subject than others to inflammations. We may even consider them as less so; but when inflammation is once set up, it finds the patient in a peculiar state of vital reaction and superexcitement, which depends on the plethora.

The good effect of venesection in plethora is explained by the composition of their blood. In fact, the essential effect of loss of blood is to diminish the quantity of the globules, and consequently to lessen the plethora.

The Lymphatic Temperament and Anemia.—The most general fact here is diminution of strength and debility of many of the functions. Exaggeration of the sanguineous temperament produces plethora.—The lymphatic temperament, when in excess, does not, however, produce anemia, but leads to scrofula. The ancients regarded the lymphatic temperament as a condition accompanied with predominance of the white humours, especially of the serum of the blood. On the discovery of the lymphatic vessels, the phrase was understood to designate alteration of their contents, which was considered the cause of numerous diseases; but at present the old opinion should be adopted as correct.

M. Lecanu states that the globules are diminished in lymphatic subjects.

M. Andral considers this statement as correct: in such persons we find the sum of the colouring matter of the tissues diminished; the skin is pale, the colour of the iris dull, the hair imperfectly developed. When inflammations attack such persons, their progress towards resolution is less rapid and uniform than usual, and is liable to various interruptions. The lymphatic temperament, when exaggerated, leads to scrofula. There is another condition compatible with health, which may be termed the anemic temperament. Anemia in some persons is a state of actual health; carried further it constitutes chlorosis or morbid anemia. The lymphatic temperament is more common in the female than in the male; but M. Lecanu has found that female blood contains less globules than male blood.

When the anemic temperament is within the limits of health, the fibrine is not diminished; if it goes further, so as to constitute disease, the fibrine is not at first modified; but if the disease constantly progresses and becomes extreme, then the fibrine is diminished. This last case is rare, and occurs where the anemia is caused by hemorrhages or repeated venesections. In spontaneous anemia, the diminution of fibrine is not very decided, but it is very considerable in accidental anemia. Modifications of the quantity of fibrine then, have almost nothing to say to anemia, save in those cases where all the other elements of the blood are diminished, as by the effects of fasting or loss of blood. The fundamental character of the alteration of the blood in anemia is diminution of the globules; but this diminution is very variable: it may be trifling, and yet the symptoms be very decided; or the reverse may be the case. But, nevertheless, we may say, *that generally the diminution of the globules measures the degree of the anemia*—anemia commences when the globules fall from 127 to 80: it becomes more decided as they fall below 80 to 50, to 40, or sometimes even to such an extreme as 27. The quantity of water in the blood augments.

Symptoms of Anemia.—We may say that there is not a single function which is not disturbed in a greater or less degree: the general sensibility, the intelligence, the motility, circulation, digestion, all are modified. In anemic subjects, who have contracted the disease slowly and spontaneously, the intelligence is perfectly preserved; but if it results from a sudden and copious loss of blood, disturbance of the cerebral functions and violent delirium may result. The augmented quantity of water and the diminution of the globules change the character of the stimulus which the blood should impress on the brain. We might suppose that the diminution of the globules, which produces vital debility, should act similarly on the functions of the nervous system; but such is not the case; and daily observation shows that persons highly anemic acquire an exaggerated sensibility, so far from losing it. The slightest noise produces a vivid impression and causes agitation; the sensibility of the skin becomes excessive. The cause of such symptoms will be considered further on. Internal sensations, vaguely or not at all perceived, are exalted to the degree of external sensations, and the organic sensibility is almost as much developed as the animal sensibility. The stomach is affected with acute pain, and digests aliment with difficulty. The most varied halucinations, disturbances of the sight and hearing, and pains in the head occur; and sometimes in an extreme case this hyperesthesia is replaced by complete anesthesia. M. Andral saw a patient in whom blindness supervened, and was removed by appropriate treatment; but the anemia must be extreme to allow of the occurrence of such symptoms. The function of motion is sometimes also affected: chronic movements sometimes occur in exaggerated anemia. In

animals dying of hæmorrhage, convulsions occur shortly before death.

The digestion is constantly disturbed, the appetite is diminished or completely gone, or replaced by those depraved appetitites which have been termed bulimia, pica, &c. Vomiting often occurs, and is caused by the debility of the digestive organs. Thence tonic and nutritious substances are readily digested: chicken broth is rejected by vomiting, but beef soup lies on the stomach. Anemia can only be successfully treated by tonics, which often dispel the symptoms in a short time, after they have resisted all other treatment.

The respiration is often embarrassed, and the action of the heart more or less modified. The palpitations, whose real cause is often overlooked by physicians, depend on the impoverishment of the blood, and they are the more decided the greater the alteration of the blood. The frequency of the pulsations of the heart are not augmented, till the malady attains a certain stage when the pulse became accelerated; but in extreme anemia the pulse at length diminishes in frequency. This latter case is of rare occurrence, and in animals bled to death the pulse continues extremely frequent to the last.

The capillary net works are decolorised, as they contain decolorised blood; in some points, however, congestions occur, which produce a circumscribed redness: it is thus that the conjunctivæ sometimes become red. These congestions well deserve the name of passive, given to them of old. The promptitude with which tonic applications dispel these congestions prove that they are really caused by atony.

Hæmorrhages are of excessively rare occurrence in anemia. On exploring the heart, abnormal sounds are heard similar to those produced by contraction of the orifices of that organ. But their sole cause is, that the globules are much diminished, and that relatively to the globules the water of the blood is augmented. These sounds are of two kinds; one continuous, the other intermittent: the latter correspond to the systole of the heart only. The above-mentioned alteration of the blood does not constitute the only case in which these abnormal sounds are heard; and on this head it is requisite to establish several propositions.

1*st Proposition.*—If a patient be bled several times in succession, or has suffered from considerable hæmorrhages, an intermittent or continued bruit de soufflet appears—not, however, in every individual: in some a small loss of blood suffices to produce these abnormal sounds.

2*d Proposition.*—In spontaneous anemia the bruit de soufflet also occurs.

3*d Proposition.*—When the globules are diminished to a certain amount, which may be fixed below 80, the bruit de soufflet is constant in the arteries, and often exists at the same time in the heart.

4*th Proposition.*—In many patients the bruit de soufflet in the heart and arteries occurs when the globules fluctuate between 80 and 100.

5*th Proposition.*—In many patients these bruits occur in the arteries and the heart, while the globules still exceed 100; and they may even exist when the globules fluctuate from 100 to 125.

6*th Proposition.*—In some very rare cases these bruits occur, though the globules are above their mean amount: they have been observed when the globules ranged from 131 to 137. And thence we must conclude that the development of the bruit de soufflet is not exclusively caused by a diminution of the globules.

These results are derived from the analysis of 93 cases, in which a bruit de soufflet existed in the arteries, and often in the heart. In 56 of these 93 cases the soufflet was continuous; in 28 of these 56 cases the globules were below 80; in 13 between 80 and 100; in 10 the globules oscillated from 100 to 115; and in 5 from 115 to 125. In the cases in which the soufflet was intermittent, the globules were below 80 in 3, between 80 and 110 in 13, between 110 and 115 in 8, between 115 and 125 in 5, between 125 and 137 in 3, and between 131 and 137 in 3. The intermittent is of less value than the continued soufflet; the latter is more decided the lower the globules fall; as the globules increase in quantity, the soufflet becomes intermittent.

A bruit de soufflet occurs in other diseases than chlorosis. In a case of rheumatism, the globules being at 97, there existed a continuous bruit de soufflet; in another case, where the globules were at 99, it was intermittent. In cases where the globules varied from 81 to 97 it was sometimes continued, sometimes intermittent. A bruit de soufflet occurs rarely in pneumonia, despite the number of bleedings, which perfectly accords with the inflammatory nature of the disease. In one case an intermittent bruit de soufflet was observed, the globules being at 95. It is important to remark that the globules never fall so low in pneumonia as they do in rheumatism, which, to a certain extent, explains the more ready production of the abnormal sound in rheumatism. But it must be observed that the patients affected with rheumatism were more freely bled than those that laboured under pneumonia.

From what precedes, we may conclude that, in a patient of an anemic constitution, or actually affected with anemia, bleeding is injurious, unless some other disease calling for its performance co-exists, inasmuch as loss of blood tends to aggravate the existing diathesis—that is to say, to diminish the globules. Nutritious diet, on the contrary, augments the quantity of the globules, and is thence useful. Preparations of iron are also beneficial, as they increase the quantity of the globules, not of the fibrine, as was long thought to be the case. Iron reproduces the globules: how we do not know.

Nervous Temperament.—When the nervous system acquires a decided predominance, it engenders the nervous temperament. In some individuals endowed with this temperament from birth, or who have acquired it subsequently, the blood is altered: others, on the contrary, present no such modification. Every physician knows that blood-letting fails with a certain number of patients; when practised the digestion becomes impaired, and the patients suffer from anxiety, palpitations, and other symptoms announcing the injurious influence of the loss of blood, which acts on the entire system, and increases the intensity of the previously existing symptoms. In such patients the globules of the blood are deficient in quantity, and if we aggravate this diminution by venesection, the nervous symptoms are aggravated also. Low diet is less easily borne, especially when the stomach is the seat of disease. How many gastric neuroses have been caused and kept up by severe regimen and inappropriate treatment. The secret of the miraculous cures effected by certain charlatans depends on their supporting the powers of the stomach by energetic tonics and nutritious food. They thus permeate the blood with nutritious principles, which augment the strength by augmenting the number of the globules. Sometimes there is, on the contrary, a superexcitement, which they subdue by means of narcotics.

The three temperaments here passed in review do not all coincide with a corresponding alteration of the blood; in the sanguineous and lymphatic temperaments, the globules are the only element whose quantity is altered. In nervous patients also the globules may be altered, but are not so constantly or necessarily. These three organic conditions must be

regarded in the treatment of diseases, as they compel the physician to modify the nature and the energy of some therapeutic agents.

Of the Blood in Fever.—Fevers are idiopathic or symptomatic, the latter being merely a simple febrile reaction connected with inflammation of some organ, active sanguineous congestion, or pain more or less acute. Idiopathic fever may exist—1st, Without any appreciable lesion of the solids. 2d, With an obvious lesion, which is not, however, the cause of the fever; carbuncles and bubo in the plague, ulceration of the glands of Peyer in typhoid fever, are, in my opinion, the effects of a cause as yet unknown. We must now examine the state of the blood in symptomatic and idiopathic fever.

1. If fever is symptomatic of an inflammation, the fibrine is augmented in quantity—but this augmentation is, by no means, connected with the fever, for there are fevers as intense and of as long duration as any fever symptomatic of an inflammation, in which the quantity of fibrine is not augmented; it is not then the fever which causes the increase of the fibrine, and it would be rash to attempt at present to assign its true cause. Some would not hesitate to regard the inflammation as the cause of the effect in question, but nothing can as yet be decided on this point.

2. When fever is not produced by inflammation, the fibrine is not augmented, no matter what its intensity or duration.

3. A fever, at first unconnected with inflammation, may, in its progress, become complicated with some inflammatory disease, and then the quantity of fibrine augments.

4. A fever may coincide with inflammations which have neither preceded it, or complicated it, but originate with, and constitute one of the essential elements of the disease. Such are the multiplied inflammations of the skin in small-pox, measles, scarlatina, lesions; perhaps erroneously considered as inflammations, and which do not cause augmentation of the quantity of fibrine as other inflammations do; the same holds good with respect to the lesions of the intestines that occur in typhoid fever; physicians may, if they choose, consider these ulcerations of the follicles as inflammations; but it is important to establish, that those supposed inflammatory ulcerations do not cause an augmentation of the quantity of fibrine; as do those diseases which we are accustomed to regard as inflammatory.

If, however, an inflammation is set up during the course of a fever, the quantity of fibrine is augmented.

A certain number of continued fevers are caused by too great richness of the blood. Inflammatory fever of some days duration is of this kind. This fever constituted the fever properly so called of the ancients, whilst, in point of fact, it is really symptomatic. At the present epoch we may propound this question; is the cause of this fever situated in the solids or the liquids? We have answered this question by saying, that its cause is an exaggerated richness of the blood; but this answer would convey a false idea if we thereby implied that the fibrine is augmented in quantity; the globules alone are increased, and this increase is the cause of inflammatory fever. When Pinel published his nosography, the humours were supposed to have no participation in the production of diseases; nevertheless, he placed the seat of angiotenic fever in the vessels, but subsequently connected it with gastritis and enteritis. Subsequently, it was referred to an inflammation of the heart and vessels, (angio carditis.) Tommasini has retained this opinion. It has also been called plethoric and hyperemic fever, and thus there has been finally a return to humoral ideas, as regards this disease.

This is not the only fever which produces augmentation of the globules; a similar augmentation occurring at the commencement of the pyrexiæ very different in kind, as typhoid fever, scarlatina, measles. In the phlegmasiæ this superabundance of globules does not occur.

In the continued pyrexiæ, the fever is so little dependent on augmentation of the globules, that it persists when their quantity has become natural; and may even appear when they fall below their mean quantity. M. Andral has been much struck with a fact, which he observed in chlorotic patients; as the disease advances and the globules diminish, the frequency of the pulse increases proportionally to the degree of the anemia; a true fever is set up, the heat of surface increases, the frequency of the pulse becomes extreme, and the patient dies. On post-mortem examination, no decided lesion could be discovered in any of the viscera.

Every condition of the globules (augmentation, diminution, or the natural quantity), may exist with fever. We may admit, but without being able strictly to demonstrate it, that there are some fevers connected with a too great abundance of blood; that there are others which exist with a decided diminution of the quantity of globules; and others again where the fever continues, though venesection and fasting have diminished the quantity of globules.

If we now compare the state of the various elements of the blood in fever, we shall find that the quantity of fibrine is never augmented by the sole fact of the existence of fever; that fever may exist,

1. The quantity of the fibrine and globules being natural.

2. The fibrine being natural, and the globules alone augmented; in which case there is rupture of the equilibrium that should exist between the various elements of the blood, and its composition consequently is altered. The fibrine may diminish in fevers, and fall below 1–1000th. Typhoid fevers are the cases in which this is observed. In typhoid fever when it is commencing or not very intense, the quantity of fibrine remains natural; when the fever assumes an ataxo adynamic form, or if it be very intense, the fibrine diminishes; this hardly occurs till the 15th day, and we may therefore ask, whether this effect is not owing to the duration of the disease? We may reply in the negative; for at an advanced period of the acute phlegmasiæ, the fibrine so far from having diminished, increases despite of loss of blood and abstinence from food. The organisation then in typhoid fever, presents conditions directly the reverse of those that characterise inflammation. In typhoid fever, at the same time that the globules and the fibrine diminish, the quantity of water increases; this then is the disease in which the blood is most impoverished, as it not only loses its fibrine and globules, but the water augments at the same time.

Physical Properties of the Blood in Fevers.—When there exists a febrile state, the separation of the blood into serum and crassamentum is more imperfect than under other circumstances, because the clot is looser, and retains more water. Pretty often the serum is tinged red by the globules, and the clot is bulky, which depends

1. On there being frequently at the commencement of fever an excess of globules.

2. On the clot retaining much serum.

3. On there being either absolutely or relatively less fibrine than natural, which causes the clot to be less retractile. In many cases the consistence of the crassamentum is natural, but it is never increased and

is often diminished. Ordinarily the clot is diffluent, sometimes so much so, that it floats in fragments in the serum. A perfect buffy coat never forms in fevers, except they are symptomatic of an inflammation; sometimes we observe on the surface of the clot a thin greenish layer, which is the rudiment of the buffy coat. This occurs in typhoid fever and in small-pox.

Relation of the State of the Blood to the various Phenomena of Fever.—A fever may run through its phases without the occurrence of other phenomena than those which characterise the febrile condition; or phenomena may co-exist with the fever, not produced by it, but having a certain connection with it. These phenomena are four in number. Inflammation, congestion, hæmorrhage, gangrene. They occur, not constantly, but with sufficient frequency to entitle us to consider as intimately connected with fever.

Amongst the inflammations a certain number intervene in fever without causing any alteration of the blood. Thus it is not always true that fever, when prolonged, terminates in inflammation: inflammation may be superadded to fever, but is not its product. Other fevers, as scarlatina, small-pox, measles, are accompanied with lesions, which are considered of inflammatory origin; and these inflammations again cause no alteration of the blood. Other fevers finally terminate in producing inflammation, and then the blood is altered as in the phlegmasiæ.

Congestions of the parenchymatous tissues and membranes are tolerably frequent during the course of fevers. These congestions seem to depend on the rupture of equilibrium between the globules and fibrine; they are very frequent in typhoid and typhus fevers, and small pox; the spleen and other parenchymatous tissues are usually congested in these diseases; and a diminution of fibrine as compared with the globules (whether absolute or relative), is the alteration of the blood observed in these maladies.

Hæmorrhages occur very frequently in fevers, while they are very rare in inflammations. Hæmorrhages are not merely frequent, but their intensity augments with the violence of the fever; in the European typhus, the yellow fever, and the plague, they are peculiarly severe.

Gangrene is much rarer than the three preceding phenomena, yet, it occurs in tolerably many fevers, as the oriental plague, European typhus, and we may add acute glanders, malignant pustule, &c.

The ancients concluded from the phenomena just mentioned, that in the diseases in question, the blood is altered, and that its elements have a great tendency to separate. They designated by the phrase *putridity*, that morbid condition in which the vital powers seem to yield to physical causes and the blood becomes putresent. Bordeu, whose opinions as to the nature of typhoid fever are remarkably sagacious and philosophical, does not hesitate to consider that malady as connected with a general condition of the system, which he designates by the name of *acute scurvy*. This phrase is not inaccurate, so far as regards the condition of the blood. A diminution of the quantity of the coagulable material of the blood is a general fact observed in almost all great febrile disturbances; thus in miasmatic fevers, there is first absorption of the miasma, and immediately after, the only prominent phenomenon is an alteration of the blood. This alteration, which occurs in typhoid fever, is the effect of some cause as yet unknown.

The preceding considerations suggest serious objections to the various methods of treatment proposed for typhoid fever. Thus, if we merely regard the alterations of the blood, we may reason as follows:—In inflammatory fever, the globules are augmented in quantity, and as venesection is the best method of diminishing their superabundance, bleeding is indicated in this affection. In typhoid fever, the globules are augmented also, and we might thence suppose, that venesection would be useful as in the preceding case. The fibrine is not diminished by mere loss of blood, unless it be carried very far, and continued for a length of time; and this reasoning would lead to the adoption of venesection in typhoid fever; but as in this disease, regard must be paid to the profound disturbance of the economy—a disturbance which exists previous to the alteration of the blood—we cannot know whether venesection may not exert some influence on the unknown cause of the disease. Consequently, experiment alone can establish the fitting treatment of this disease. It must be recollected, that the diminution of the fibrine is not the cause of typhoid fever, but only of some of its symptoms.

Of the Blood in the Phlegmasiæ.—The effects of inflammation of the blood differs according as it is acute, sub-acute, or chronic: the blood is appreciably modified in the two former kinds of inflammation only.

Fibrine.—This principle is constantly augmented. The augmentation varying from four to ten.

Globules.—They do not augment from the fact of inflammation, though the contrary has been maintained; their augmentation is a rare event; they usually remain at their mean note, but sometimes fall below it. As an inflammation progresses, the fibrine increases in quantity, and when abstinence from food and sanguineous emissions have been long persevered in, the globules diminish in quantity; they then have nothing to say to the production of inflammation. It has been already said, that plethoric persons, in whom the globules are abundant, are not more prone than others to contract inflammations.

Solid Constituents of the Serum.—The albumen may be augmented, but not necessarily. Inflammation may be very intense, without the quantity of water being great.

Physical Properties of the Blood.—In inflammations the clot is usually small, firm, and consistent, because the fibrine being abundant, contracts forcibly, compresses the globules together, and expels the serum, so that the small dense clot of the phlegmasiæ contains at least as much solid materials as the more bulky clot of the pyrexiæ.

Explanation of the Phenomena of the Phlegmasiæ.—When in the course of an inflammation, pus forms in a membranous or parenchymatous organ, the quantity of fibrine augments; thus increase of the quantity of fibrine and suppuration are two coincident facts; we may even add a third, the presence of false membranes on inflamed tissues. Those cases in which serous infusions are turbid and flaky, are also cases of inflammations, in which the fibrine is augmented. False membranes have been analysed, and found to consist of fibrine. This composition accords with the perfect resemblance between false membranes and the buffy coat of the blood; the former being only more consistent.

Pus is a complex liquid, whose analysis is as yet unsatisfactory. We cannot say that pus consists of fibrine, but some kinds of pus contain a white matter, similar to fibrine.

If we examine the manner of the formation of false membranes, the analysis of the blood gives us the following information. We have never been able to detect any increase of the quantity of fibrine previous to signs of inflammation being fully manifested. We cannot say whether this arises from the augmentation of the fibrine being too trifling to allow of its detection.

In some cases the cause of an inflammation can-

not be determined, in others it is clearly manifest, as for instance when we determine a local inflammation by the application of a blister. In such a case there is no previous alteration of the blood. We may thence conclude, that an inflammation may occur, the blood being previously quite unaltered; this occurs for example after a burn. On the surface of a blister there forms a serous liquid, containing in suspension a true fibrinous buffy coat; just as burned parts suppurate.

According to Tommasini it is impossible for an inflammatory diathesis to be developed without, unless the system be previously modified; he maintains, that every local inflammation must be preceded by a condition of the general system, which he terms diathesis. We must examine the relations of the diatheses to the constitution of the blood.

It has been supposed, that all inflammations are not similar as regards their cause; for example, it has been said that the bile may generate a bilious diathesis, and that inflammations then occuring receive a peculiar character from the state of the blood thus altered by the bile. In such a case, according to the supporters of this doctrine, we should employ evacuants: antiphlogistics would be hurtful. We must certainly grant, that the bilious condition has a real existence, but it only exists as a complication, not as a cause of inflammation. Thus, in bilious pneumonia, the blood presents no peculiar characters.

Of the Therapeutic agents employed in the Phlegmasiæ.—It is right to examine whether the study of the blood throws any light on the treatment of inflammation. No doubt, here as in fever, treatment must be accommodated, first, to experience, and then to theory. If we were solely guided by theory, we would say, for example, that bleeding is less indicated in the phlegmasiæ than in fevers, such as typhoid fever, since loss of blood influences the globules, and not the fibrine.

Opinions are much divided as to the efficacy of revulsives in the phlegmasiæ: some maintain that blisters increase the inflammation; Tommasini, who embraces this doctrine, supposes that the inflammatory diathesis is thus aggravated. Others, on the contrary, regard blisters as useful by diverting the inflammation to the skin. We may in fact, admit it as demonstrated by experience, that in the early stages of inflammation blisters are injurious, and increase the evil; their inopportune employment increase even chronic inflammations.

Looking to the alterations of the blood, we may admit that a blister applied over a large surface must necessarily augment the fibrine, since it produces a local inflammation capable of exciting fever. Besides this first effect, a blister produces a second and directly opposite one; the abstraction, namely, of fibrine from the blood, as the serum from a blistered surface contains a considerable quantity of fibrine; but the amount of fibrine thus abstracted from the blood does not suffice to compensate for the augmentation determined by the local inflammation.

Boiling water, tartar emetic ointment, &c., act like blisters. In some cases serum alone is abstracted; in others both serum and fibrine are withdrawn. The dermis acts as a filter, the albumen finds exit along with the serum, the globules do not find exit save in exceptional cases, and then there is hæmorrhage.

Some medicines cause perspirations; others cause a flux of liquids to the surface of the intestines. These liquids may be of different natures. Thus aloes produces in many patients copious stools, consisting of much water, tinged strongly yellow with bile. More commonly there is a secretion of mucus or pure bile: we cannot tell how the blood is modified by these agents.

Some physicians attribute an antiphlogistic action to mercurials, and maintain that mercurial frictions are only useful in virtue of this antiphlogistic property. Allowing this to be so, can we explain the mode of action of mercury? It has been said, that it renders the blood less coagulable, that is to say, diminishes the quantity of fibrine, which is the constituent element of inflammation. This view must be considered as purely hypothetical, or at least, as unfounded on any proof.

ACADEMY OF SCIENCES, PARIS.

July 12th, 1841.

ON THE TREATMENT OF LATERAL CURVATURES OF THE SPINE BY DIVIDING THE MUSCLES OF THE BACK.

M. Bouvier communicated a memoir on this subject to the following effect.

In 1836, M. Bouvier made a communication to the academy respecting the good results he had obtained in club-foot from dividing the tendo Achillis, in imitation of M. Stromeyer. This method has been since employed by many surgeons in a number of other deformities caused by contraction; or undue shortness of the muscles. M. Bouvier, however, considers that there are certain limits within which the principle in question must be confined, and that there are certain deformities in which it is inapplicable; such for example, as lateral curvature of the spine, producing gibbosity—an affection which it has been latterly proposed to treat by dividing the muscles of the back.

The inapplicability of myotomy in this case, results from an anatomico-pathological, etiological and clinical examination of the affection itself. This, the first part of M. Bouvier's memoir, is devoted to the exposition of the anatomico-pathological part of the inquiry.

The indication for dividing muscles or their tendons in certain deformities of the osseous system, is derived from their being obviously shortened at the site of the re-entrant angle, or of the concavity of the curvature. This shortening has been termed *contraction*, and myotomy is thence only indicated in deformities from *contraction*.

The curvature of the spine, constituting gibbosity, is however, anatomically different from deformities by contraction—

1. As regards the alterations of the osseous system:—

In contractions, the bones merely glide on each other, and become deformed, but slowly and in a secondary manner.

In the curvature of the spine under consideration, the articulations are perfect, the mode of contact of the bones remains unaltered; it is the vertebræ themselves which, becoming diminished in bulk at one side, form arcs proportionate in extent and curvature to the amount of this alteration, and also of the corresponding alteration sustained by the intervertebral substance.

M. Bouvier has never seen a deviated spine which did not present this alteration—an alteration which has been incorrectly supposed peculiar to an advanced stage, or to a peculiar kind of this deformity. But it is, on the contrary, a primitive and fundamental alteration in gibbosity from lateral curvature of the spine.

The torsion sustained by the spine, when curved, is no more the effect of a gliding of the vertebræ on each other than is the curvature itself; it also is the consequence of the unequal development in every direction of the two lateral moieties of the vertebræ; the bodies of the vertebræ diminishing at one side,

and augmenting at the other; while the processes of one side also become atrophied, those of the other enlarging at their expense.

The articular motions of the bones then, which are all in all in deformities by contractions, have nothing to say to lateral curvatures of the spine, at least as they present themselves, while the trunk is horizontal, when no force acting from above downwards in the direction of the axis of the spine, tends to exaggerate the curvature.

2. As regards the condition of the muscles:—

Some contractions are simple, where the muscular cords are the sole obstacle of the readjustment of the part. Other contractions are complicated, with alterations of the ligaments and bones, which cause the deformity to continue after the division of the muscles.

Lateral curvature of the spine appertains to neither of these categories. In this deformity the muscles become shortened secondarily, and at a very late period. We never see the muscles get tense or resisting, during any efforts exerted on the spine, with the view of obliterating its curvature. The reason of this being, that the entire resistence to such efforts lies in the formation of the vertebræ and their ligaments.

M. Bouvier detailed several experiments which he made on this subject.

In the five first the spinal column partly yielded to great force, applied for the purpose of restoring its symmetry; the muscles, however, corresponding to the curvatures, remained soft and flaccid. These muscles were then divided, but the resistance of the spinal column to a complete readjustment remained as before.

In two other experiments an inverse result was obtained. The spine was distended to as great an extent as its resistance permitted, and, without producing any tension of the muscles, the ligaments on the concave side of the concave aspect of the spine were divided, the muscles being left intact. The vertebral column was then easily straightened, without the slightest resistance being offered thereto by the muscles.

It may be said that these facts are not applicable to the living body. But the matter in question here is a purely physical one, which remains the same during life and after death; and we all know that the muscular contraction in club-foot, torticollis, &c., does not disappear after death. If a similar contraction existed in lateral curvature of the spine, it should be found in existence after death. We have here nothing to do of course with the physioligical, or pathological contraction of the muscles, which are quite different from their permanent contraction, of which alone we now speak.

Furthermore, it is easy to show directly, that muscular contraction has no more to do during life than after death, with curvature of the spine producing gibbosity. For this purpose it is only necessary to perform an experiment in the right way, recollecting not to confound a momentary with a permanent contraction, and especially bearing in mind, that one of the first phenomena on assuming the erect posture is a manifestation of the physiological contraction of the muscles of the back—a contraction most energetic on the side opposed to that at which the body tends to depress itself towards the ground. If we recollect these particulars, and place the patient horizontally, supporting the head and trunk on the same solid plane, and enjoining the individual not to make any effort, we shall find that the muscles remain flaccid as in the dead body, and present no tension, whatever force may be applied to the spine in the direction opposite to its curvatures.

M. Bouvier concludes—1st. That curvature of the spine producing gibbosity, presents more of the characters of deformity from contraction. 2nd. That there are not in this affection, as in deformities from contraction, any muscles too short or too tense, whose elongation or division is necessary or useful in the treatment. 3rd. That, consequently, division of the muscles of the back is an operation not merely insufficient to effect a cure, but utterly without any object.

M. Bouvier, considers these facts and arguments as so conclusive, that he might abstain from investigating the subject further. But as the partizans of the method he opposes appeal in favour of their views to the causes of lateral curvature of the spine, and to the success they have obtained in its treatment from dividing the muscles of the back, he thinks it right to examine their arguments also, which he proposes to do in a second memoir on the subject.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CHRONIC TUMOURS OF THE SYNOVIAL SHEATHS.

TO THE EDITORS OF THE MEDICAL PRESS.

Bridge Town, Skibbereen,
July 22, 1841.

GENTLEMEN,—On looking over some old numbers of your journal, my attention was attracted by the report of a discussion which took place in the Surgical Society of Ireland, on the 3d of April, relative to chronic tumours of the synovial sheaths: the subject was one of much interest to me, having myself laboured under the disease for six or seven years.

The particulars of my case you are at liberty to publish, should you deem it of sufficient importance to merit a place in your excellent periodical.

In September, 1833, after severe exertion in rowing, I was attacked by a dull pain in the palmar side of the index finger of the left hand, accompanied with a considerable degree of thickening and hardness of the part, which led many surgeons, whom I consulted, to suppose that the bone was enlarged. Notwithstanding the employment of various remedies, and, amongst the rest, the frequent use of moxa, the disease continued to extend, and, in about twelve months, had established itself in the wrist, whilst the swelling of the finger considerably declined: for twelve or eighteen months I continued to labour under constant pain in the wrist, accompanied by such a degree of weakness, that I was unable to bend the hand on the forearm; violent neuralgia, extending along the course of the radial nerve, from the elbow to the extremities of the thumb, index, and middle fingers, then set in; the anterior surface of the carpus became full and enlarged, and afforded an indistinct sense of fluctuation. I applied for advice to a very eminent surgeon, and was recommended by him not to meddle with the tumour, as it was evidently seated under the flexor tendons; and he feared that if inflammation set in, contraction of the hand would be the consequence: continuing to suffer severely from neuralgia, and being convinced that it depended on the pressure to which the nerve was exposed, I had the contents of tumour evacuated, and found them to consist of a large quantity of synovial fluid, containing numbers of small bodies resembling hydatids, and varying from the size of lemon kernels to that of millet seeds. The operation was followed by great relief, and the neuralgic affection ceased for five or six weeks, but recurred when the tumour filled: a seton was then passed, which gave rise to most violent inflammation, so

violent as to make me apprehend gangrene: by means of bloodletting, leeching, and strict antiphlogistic regimen, the inflammation was subdued, and I never since felt neuralgia in the radial nerve, nor any pain in the radial side of the forearm.

In six months after, very similar symptoms occurred on the ulnar side: neuralgic pains of a more violent character, and felt particularly where the nerve passes in the groove in the internal condyle of the humerus, attacked me; a tumour presented between the flexor carpi ulnaris and flexor digitorum, and extended from about three inches above the wrist to the same distance in the palm of the hand; fluctuation was perceptible, and its contents could be pressed from one extremity to the other, under the annular ligament which constricted the sac in the centre; small bodies could be felt passing and repassing, which communicated to the examiner a sensation similar to that caused by the creaking of new leather; the contents of the sac were evacuated, and found to be of the same nature as before described; the creaking at the wrist continued even after the operation of lancing, and the bilobed sac was traceable from the forearm into the palm; from its great length, and the severe suffering that I before underwent, I dreaded the introduction of a seton, and from having the tumour pass under the annular ligament, I thought that incision could not be well practised without wounding this ligament, and thereby weakening the wrist and exposing me to the danger of hernia of the flexor muscles; under these circumstances I trusted entirely to the palliative treatment of opening the sac when it became full; but, in August last, accident effected for me what art failed to do—a recovery from my very annoying complaint—I received a severe fall and hurt my wrist; severe inflammation, accompanied by suppuration, followed, and great numbers of the small granular bodies that I described came away in the discharge; the suppuration in a short time ceased; the cyst became obliterated; the creaking sensation has entirely disappeared, and I have since enjoyed excellent health, and a perfect freedom from all local pain: within the last month the cicatrix has partially ulcerated, in consequence of a wound from a nail; it is, however, now quite healed, and did not at all take on the same kind of inflammation to which I was before subjected.

This case proves strongly the advantages to be derived from the practice recommended by Dupuytren, and approved of by Professor Williams, which consists in a free incision of the tumour, and which, had I adopted it at an early period of my disease, would have saved me a great deal of subsequent suffering; for, though the operation was not performed, the cure was brought about by the same means by which the operation would have effected it by the induction of suppuration and destruction of the morbid secretory action of the sac. Notwithstanding that Dupuytren's practice is judicious and successful, his pathology of these tumours is decidedly wrong, and may lead to an inert and temporising mode of treating these affections. Were the small bodies, hydatids, enjoying a distinct organisation and existence, as Dupuytren regards them, incision of the sac would be a proceeding fraught with danger. I have, however, examined them with the greatest attention, and am convinced that they are merely particles of lymph detached by the action of the tendons from the false membrane poured out during the process of inflammation on the synovial surface of the sheath; and further, that they form in joints where they are exposed to the influence of pressure, the nuclei of loose cartilages so frequently found in the knee and other articulations of the body: to this opinion I was led by having extracted from the knee of a man, on whom I lately operated for loose cartilages, a large number of these bodies, in every stage of formation, from small particles of plastic lymph to large and firm cartilages, formed by a cohesion of the small bodies, and rendered hard by the compression to which they were subjected.

In the discussion which took place in the Surgical Society, a very proper distinction is drawn between the treatment of ganglia and chronic tumours of the synovial thecæ, the evacuation of the foreign bodies, and production of suppuration being deemed necessary by Professor Williams for the cure of the latter affection. In my own case, I tried the effects of puncture of the sac and the introduction of a seton, and was in both instances exposed to great danger from the occurrence of violent inflammation without any permanent benefit. I was ultimately cured by the accidental induction of suppuration, and I have succeeded in two other cases in curing the disease by free incision, evacuation of the contents of the cyst, and the production of suppuration within it.

I remain, gentlemen,

Your very obedient servant,

DANIEL DONOVAN.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION OF ENGLAND.

The ninth anniversary meeting of this Association was held at York, on Wednesday, the 4th inst. Owing to the unavoidable absence of the President, Dr. Steed, of Southampton, the chair was taken by Dr. Barlow, V.P., who introduced Dr. Goldie, of York, President Elect, to the meeting.

Dr. Goldie having taken the chair at one o'clock, proceeded to address the meeting. He said:—Their excellent friend and vice-president, Dr. Barlow, had stated to them, that Dr. Steed was unavoidably absent on that occasion. It was with very deep regret that he (Dr. Goldie) communicated it to the meeting that a severe domestic affliction had been the cause of Dr. Steed's absence. Under these circumstances he was persuaded that they would all feel that they owed the deepest sympathy towards him, and that under happier circumstances they would hope to see him again amongst them. It was with sincere and heartfelt pleasure that he congratulated them on the increasing prosperity of that great and flourishing association. He (Dr. Goldie) expressed the pride he felt at having been called upon to preside over the ninth anniversary meeting of that association; he felt great pride and satisfaction that the place fixed upon for holding that meeting should be the city in which they were now assembled. He begged leave, therefore, most cordially, on behalf of his professional brethren in York and himself, to welcome within the precincts of the city the numerous assembly which he then saw before him, and to request them to accept his cordial thanks for the honour they had done the city in fixing upon it as the place of meeting on that occasion. He would assure them that no exertion had been wanting on the part of the medical profession in the city to ensure the success of the first meeting of this association within its walls, and to give the most suitable reception to those kind guests who had attended at their own inconvenience and at a sacrifice of professional emolument. In their endeavours to give adequate reception to the members of the association, it was only justice to say, that they had been cordially seconded by the public officers of the city, also by the institution in whose house they were then assembled. Their especial thanks were due to the chief magistrate of this city. His lordship had most promptly given up to them the use of the Guildhall for those

festivities which formed no unimportant part of the proceedings at their anniversary. He also passed an eulogium on the Yorkshire Philosophical Society for the promptitude which they had evinced in allowing them the use of that room, and affording an opportunity of inspecting the museum. The sub-curator, Mr. Baines, would, when the meeting was over, be happy to show the members of the association any part of the collection in the museum, with which they might feel particularly interested. He (Dr. Goldie) was also authorised to say that like facilities would be afforded to those gentlemen whose time and leisure would enable them to visit the other institutions which the city contained, whether of a purely medical, scientific, or benevolent kind. The County Hospital was an old building, erected forty or fifty years ago, and it was deficient of those modern improvements with which such establishments are generally furnished, but it was intended to erect an hospital more suitable for the purposes of the institution. He next stated that the lunatic asylums would probably interest most members of the association, and he was justified in saying that the medical officers and others connected with those institutions would be extremely happy to be honoured with a visit from them if they felt an interest in those institutions, and in the treatment of insanity. Dr. Belcombe, Dr. Wake, Mr. Thurnam, and Mr. Williams were the medical officers of these institutions, and in addition to these, Mr. Allis, of the Retreat, would be happy to give every facility to those who should pay a visit to that establishment. There was also the school for the blind, and the officers of that institution also would be happy to give every information respecting it. He should detain them as little as possible, as it was desirable that they should proceed with the dispatch of the multifarious and important business they would have to transact during the two days' meetings. He then noticed that reports would be read by the secretaries on important subjects, which would claim their especial attention. He expected that some discussion would arise on the several questions brought before them, but he felt persuaded that those discussions would be conducted with that good feeling in which the proceedings of the association had been invariably transacted. What the council had done during the past year on medical reform would be fully laid before them, and the special report of the reform committee would state to them the views of that committee, sanctioned by the approbation of the council, as to the course which it was expedient for the society to pursue under present circumstances. In calling upon them to give their calm and deliberate attention to this subject, he advised the meeting not to take a rash and precipitous course; but to steadily pursue that course which they thought right and just. (Applause.) He concluded by alluding to the high honour they had conferred upon him by elevating him to that chair. He promised to acquit himself to the best of his ability, and requested their indulgence and support, to enable him to discharge the duties which devolved upon him in a manner not only creditable to himself, but worthy of the distinguished assembly over which he had been called to preside. (Loud applause.) There were two subjects which he wished to mention to the meeting: Mr. Jones, of Leamington, had written to him requesting his permission to lay before the members a small work on medical education, copies of which would be found in the library. He also mentioned that Dr. Jeffreys would produce a vegetable from South America, specimens of which were at the service of any gentleman who might desire to examine and test it.

Dr. Jeffreys, of Liverpool, then proceeded to give a description of the vegetable in question, *matico*, a great quantity of which had been imported into this country. Two species of it had been imported; one had been collected when very young, but that he had now was nearly ripe, and he had no hesitation in saying, that this was the strongest. It was very well known in South America, and in Belgium it was used very generally, and as an external styptic it was very useful. He would be obliged to the meeting if they made experiments with this vegetable to let him know the results. The vegetable, he proceeded to say, was called in South America the soldier's herb, or *Herba Soldada*. He had given some account of it in the *Lancet*, for January, 1839, and hoped that some gentlemen would take samples for the purpose of making experiments, and that they would communicate to him the results.

The President then announced that the following gentlemen were present as deputations, viz.:—Professor Williams and Dr. Maunsell, from the Medical Association of Ireland; Drs. Webster and Marshall Hall, and Mr. Bottomley, from the British Medical Association; and Drs. Brown, of Sunderland, and Charlton, of Newcastle, from the North of England Medical Association.

The Secretary, Dr. Hastings, then read the report of the council, from which it appeared that, during the past year,

The Income amounted to . . .	£1440	8	5
The Expenditure to	£58	7	5
Leaving a balance of . . .	£582	1	0

Dr. Colledge, of China, moved the reception of the report, which was seconded by Mr. Garlick, of Leeds, and passed.

Dr. Holme, of Manchester, moved that the thanks of the meeting be given to Dr. Steed, of Southampton, the retiring president, and that he be appointed a vice-president of the association.

Mr. Ceeley, of Aylesbury, seconded the motion, which was carried.

Dr. Barlow, of Bath, moved that the thanks of the meeting be given to the secretaries of the association, Dr. Hastings and Mr. Sheppard, and that they be requested to continue their services.

Dr. Jeffreys seconded the motion, which was carried.

Dr. Hastings returned thanks.

Mr. Hare, of Leeds, moved that the thanks of the meeting be given to the council for the past year, and that they be requested to continue their services with the following additional members, and that they be empowered to add to their number:—Daniel J. Bampfylde, M.D., Bath; Mr. Soden, Bath; Mr. Peach, Bath; Mr. Fawsitt, Oldham, near Manchester; Mr. H. H. Broughton, Dobcross, near Saddleworth; Mr. J. Williams, Beverley; Dr. G. H. Fielding, Hull; Mr. William Lunn, Hull; Mr. H. Cooper, Hull; Dr. Stocker, Ludlow; Dr. Travis, Malton; Dr. Charlton, Newcastle; and Mr. Norman, Bath.

Mr. Barnett, of Stourport, seconded the motion.

Dr. Laycock, of York, rose to make some observations on the motion, as he thought the resolution ought not to be passed *sub silentio*, and as a matter of course. Difference of opinion was a good thing if combined with unity of action. He thought the council was much too large and unwieldy, comprising in fact one-fourth of the members. Yet of this great number of councillors (amounting, in fact, to 327), there were, he believed, only five present at the general meeting of the council, except the few who resided in York. He was an advocate for the representative principle of government, but he must state that he saw nothing more than the shadow of that principle in the constitution of the Association. He

only wondered that "the corporations" did not add insult to the contemptuous disregard of the manifesto which the central council had transmitted to them. They might justly have rejoined, "Gentlemen, you wish to thrust the representative principle upon us: let us see how it works with yourselves. Experimentum fiat in corpore vili." But not only was the efficiency of the association compromised, but he (Dr. Laycock) also believed its safety was endangered.—The unwieldy council of 327 was a source of weakness; and the noble oak which the secretary had prophesied the association would become, would, after all, be nothing better than a rotten poplar. He did not wish to be understood as having made these observations in an unfriendly spirit. The association had done good, and he trusted it would do still more.

Mr. Newnham, of Farnham, defended the present constitution of the council.

Dr. Hastings asked if Dr. Laycock had intended to say that the association was not represented by the council? When he received a reply to that question he would *very quickly dispose of the matter.*

Dr. Webster inquired if all questions brought before the central council were submitted to the general council, as it appeared to him that there existed an *imperium in imperio* not known to the constitution of the society, there being no such body as a central council recognised by the fundamental laws.

Dr. Laycock said that he was not prepared to say whether or not the council represented the feelings of the profession, as he did not know what the opinions of the gentlemen named upon it might be; but this he would say, that he did not understand by what process the few gentlemen now present (there were about 50 in the room) had made themselves acquainted with the sentiments of the 1100 or 1200 absent members.

Dr. Hastings said that the council was strictly representative, having been elected by the profession at large, in the several localities in which the meetings of the association have been held. Dr. Laycock, in reply to the question which he had put to him, had evaded saying that the council was not representative, although he had insinuated as much. It was not his fault that Dr. Laycock had not been put upon the local council in York; but he would tell the meeting that he would *defy that young man, with all the ingenuity which he supposed he possessed*, to show that the council was not representative, in the best sense of the expression, although *Dr. Laycock might have been disappointed* in not having been elected.

Dr. Webster repeated his question to Dr. Hastings, and said that he could see no way for the association to exercise a choice, in the present mode of appointing the same council, in a body, every year.

Dr. Hastings, in an angry and excited manner, stated that the central council had acted as such during the last year, pursuant to a special resolution passed at Southampton.

Dr. Laycock said he had not expected to excite anything like the warmth of feeling which had been shown, and which he did not himself entertain.

Dr. Streeten defended the conduct of the central council.

Mr. Husband explained the mode of election of the local council, which had been adopted in York. It was on the representative plan, and *he had conducted it strictly in conformity with the instructions of Dr. Hastings.*

The resolution then passed.

Dr. Barlow then read the following report:—

REPORT ON MEDICAL REFORM.

A resolution passed last year having empowered the central council "to act on behalf, and in the name of the association for the ensuing year in presenting petitions to parliament; or such other proceedings as circumstances might render necessary," the duty of notifying whatever has been done under the authority so given, has devolved, of course, on the central council; and your committee are, in consequence, relieved from the necessity of specially noticing what it became the immediate province of the central council to report. The function generally assigned to your committee, however, at their first appointment in 1837, namely, that of watching over the interests of the profession, requires from them the fulfilment of other duties, which it is their earnest desire faithfully to discharge; and in conformity with the course hitherto pursued by them, they now proceed to submit to you the views of reform, which attentive observation and deliberate reflection have led them to form, and which seem to them best suited to the present posture of affairs. In the attempts hitherto made by them to expound this complex and intricate question, so as, at least, to develope the principles by which legislation in respect of it should be guided, it has been the invariable aim of your committee to scrutinise, first, the reforms essentially needed, and secondly, the adaptation of reform measures, which, abiding by whatever time and experience have marked as worthy of preservation, would cause least disturbance of existing institutions, it being the clear and settled conviction of your committee, that there should be no interference with the latter beyond what the exigencies of the case, and the effective corrections of errors and defects imperatively demand. It is the no less decided belief of your committee that effective reform might be realized not only without disturbing injuriously any existing institutions entitled to consideration, but with the certain result of raising the present colleges to a higher eminence than they have ever yet attained, by directing the energies of each to its appropriate ends, and by concentrating their respective endeavours so as to ensure more effectually the benefits which each is capable of conferring on the science, the profession, and the general community.

The advantage of these colleges is, that they are well calculated, if their energies were well directed and actively employed, to promote the advancement of medical science; and that by conferring honorary distinctions through their diplomas, they furnish to individual members of the profession incitement to scientific zeal, and to the diligent culture of the higher powers of mind, with which individuals are so variously gifted. But as these colleges have been severally established for superintending only isolated branches of the profession, there being none whose province it was to regulate the whole, or combine the several branches in the way which practical efficiency and the perfection of the medical character demand, there exists a want which it is the bounden duty of an enlightened legislature to supply; that viz., of some legal ordinance, which, recognising the natural unity of the profession, would ensure that every member entering it, whatever the department to which he should more immediately devote himself, should be duly attested, as to his qualifications in every branch—a competent knowledge of all being indispensible for rendering him a safe practitioner in any.

This latter affirmation is so irrefutable that it is now denied by none, and the admission fully justifies all the views of reform, which your committee have in their former reports submitted to you. In these reports the subject has been already so fully elucidated that further explanation now would be superfluous.

If competency and uniformity of qualification then be the main requisite for ensuring to the public, well instructed practitioners, it is obvious, that some legislative enactment is needed for accomplishing this end; the existing institutions, as at present constituted, being wholly incapable of effecting it; while, owing to their number and diversity, they admit not of being in any way modified so as to attain it.

Your committee have already amply explained the indispensible necessity of ensuring the competency of the individual practitioner for the fulfilment of his duties, and enforced the expediency of seeking this, by the only means by which it can ever be accomplished—namely, by the legislative establishment of an uniform qualification through the instrumentality of a national, examining and

licensing board—one such being provided for each division of the kingdom.

Whatever other reforms may be needed in the profession, this of legally establishing an uniform qualification, as the only ground and claim for a license to practice, is the fundamental requisite, for without it, no reform can by any possibility, be real and effective—were this obtained, other subsidiary measures would still be needed; but for these the profession could wait until time, and a fuller consideration of their nature and suitableness should demonstrate the propriety of their being superadded. Deeply impressed with this conviction, your committee are still, as on all former occasions, the advocates of seeking from parliament, in the first instance, uniformity of qualification as the requisite for a legal license to practise, and this alone. By complicating this simple and irrefutable claim with schemes for a system of government applicable to the collective profession which legalised qualification would embody; and more signally by making the latter the more prominent object, instead of the consecutive, your committee are clearly of opinion, that the natural order of progression is not observed, and that reformists, by deviating from, or inverting this natural order mar their own purpose, thereby strengthening an opposition which would else be nerveless. Were a legalised profession once constituted in the way proposed; a body so numerous and influential could not fail to obtain, in no long time, ample powers for conducting its internal government, in whatever way sound principle would direct.

Such are the deliberate judgments of your committee on the extent to which the association should, in the first instance, seek from the legislature an amelioration of the state of the profession. Their main objection to complicating the question of qualification with that of internal government arises from their strong apprehension, that a too earnest pursuit of the latter would bring into hazard, or at least greatly procrastinate, the attainment of the former; and so vitally important do they deem uniformity of qualification, that to ensure or accelerate it, they would willingly make a temporary sacrifice of all ulterior purposes. Your committee are not unaware, that the same statute which ordains the establishment of a national examining and licensing board, might also unite in one corporate body the collective profession so constituted; and empower it to conduct its own internal government by a representative council or senate; but being of opinion, that pressing for the latter would endanger or retard the more essential purpose, it is their earnest recommendation that this be exclusively pursued until it be accomplished.

It remains, however, to be considered what measures the association should adopt towards attaining the fulfilment of their desire. Further petitions to parliament seem to your committee unsuitable and fruitless: parliament can only legislate on bills submitted to their consideration. The difficulty lies not in any indisposition of parliament to exercise its senatorial functions, but in getting submitted to it such a bill as it could pass. Unless an eligible bill be framed, parliament can do nothing. The energies of the association, therefore, require to be now directed, not to urging parliament to do what it cannot effect, but to promoting the fabrication and introduction of a suitable bill. It is of some importance from whence this bill should emanate. Speculative reformists, impelled by a too ardent desire to realise speedily all their conceptions, would be disposed to seek too much. Existing institutions, on the contrary, if entrusted with the framing of a bill, would concede too little. In such emergency a bill for regulating the profession of physic should issue from some party untrammelled by either extreme, and this party, your committee conceives should be the ministers of the crown. The subject assuredly, is of sufficient national importance to claim for it the direct attention of her Majesty's ministers, as the legitimate guardians of the public welfare; and the concluding advice of your committee is, that the association do now agree to a suitable memorial being addressed on its behalf to the secretary of state for the home department, praying that ministers would themselves undertake the cause of the profession, and proceed to frame such a bill as would give to it a sound legal constitution, suited to its wants, and conducive to the well-being of the community.

Mr. Norman, of Bath, and Dr. Brown, of Sunderland, moved the reception of the report and reappointment of the committee.

Dr. Marshall Hall, of London, would offer a few remarks on this subject—or rather more generally on the subject of medical reform. He doubted the policy of entrusting medical reform to the ministers of the crown, who would of course seek for their information from the present existing corporations. Much difficulty had been experienced and expressed in defining in a few words the precise aim and objects of medical reform. It could be expressed in one—incorporation—an incorporation of the profession into one faculty of medicine, comprising all its members, and extending over the whole of the British dominions, securing to each and all an honourable title, equal rights, privileges, and immunities, and equal protection. He thought that might be done without interfering with the existing institutions. To incorporation he would add the correction of all abuses in the colleges, so that all qualified physicians and surgeons might be admitted to their respective fellowships without distinction of any kind. He would also render the selling of drugs illegal on the part of the members of the faculty—thus protecting the druggist in his trade in drugs, which he should be prevented from prescribing. After some further remarks, he concluded by observing that medical reform, according to his mind, involved, 1, the institution of a faculty of medicine worthy, in every respect, their profession; 2, the entire reform of the colleges of physicians and surgeons; 3, the limitation of the society of apothecaries (to be henceforth designated the society of druggists) to the trade in drugs. He urged upon the profession to act in unanimity, and victory would follow in the wake.

Mr. Salmon, of London, strongly urged the importance of medical reform—and advocated the establishment of a responsible council.

Dr. Hastings read a letter from Dr. Sinclair, of Manchester, in which he recommended the establishment of a national faculty of medicine.

Dr. Black, of Manchester, approved of the delicacy and caution which had been exercised by the committee in considering this difficult subject—which embraced such a variety of points. He thought that if for the present they confined themselves solely to medical education they would ultimately succeed more completely—and one great step would thus be gained in securing that hereafter no person would be allowed to commence practice in the profession who was not properly qualified.

Dr. Webster doubted very much whether they ought not to go further than what the committee recommended, which was that they should content themselves at present with memorializing the Secretary of State to take up the subject. He thought they ought to go further, and appoint a committee of members of this association in London, as the organ of communication with other societies, and to confer with the government.

Dr. Barlow said the application to government was to see if they would undertake the subject at all, and if they consented to do so, the committee already existing could readily express the principles on which they sought the reform.

Dr. Maunsell conceived they should go further than the mere adoption of a memorial.

After some further conversation, the motion was put and carried.

Mr. Norman then moved, and Dr. Black seconded a resolution, that a memorial to the Secretary

of State, praying the government to introduce a measure of medical reform, be adopted.

Dr. WEBSTER did not wish to oppose the motion, nor would he have thought that the exact moment to introduce the observations and propositions which he wished to bring before their notice; but, having been called upon by name, he would do so if such was their desire. He and his colleagues were deputed to the meeting for the purpose of promoting the reform and amelioration of the present system of medical polity, and, if possible, to organise an active plan of co-operation among the various medical associations. Although general declarations of the principles of this association had been made in their annual reports, he thought it would be appropriate at the present moment to adopt a few simple heads of reform, as doubts were entertained, since the passing of certain resolutions, by the Worcester council, respecting the London medical conference, and the three corporations, as to what the opinions of the council really were. As he had mentioned the conference, he would briefly state why several of the delegates, appointed by that association, had withdrawn, as mentioned in the report of the council—it was, because gentlemen, with very different and opposite views on medical reform, had been sent to the conference, and that three of them, almost uniformly, voted against their colleagues, who entertained views similar to those of the delegates from the nine other associations. He would not further enter upon the subject; but thus much was due to the proceedings of the conference. He would now read the few propositions he wished to submit to the meeting, viz.:—

That this association will promote any measure of medical reform founded on the principles of—

I.—QUALIFICATION—that is, uniform and competent acquirements, both preliminary and professional (to be tested by sufficient examinations), of all who shall enter the profession; with equality of rights and privileges.

II.—REGISTRATION of all legally-qualified medical practitioners.

III.—INCORPORATION of the whole profession into one general faculty of physic.

IV.—REPRESENTATION and GOVERNMENT—by a council in each kingdom, elected by the votes of the commonalty or members.

V.—REGULATION of the practice of pharmacy.

Dr. W. then commented, at some length, on the several heads, and on the importance of qualification and incorporation of the profession: but he would not dwell on the latter as it had been so ably expounded by his colleague, Dr. Hall. Now, these leading features of medical reform were few and simple—they did not compromise the association to anything new—they had been at one time or another recognised by the reports of the reform committee—they might be adopted, abstractedly, without pledging the association to any particular line of action—or they might be recommended to the government as the principles which should be introduced into any reform measure. The latter course he would certainly prefer; but he would leave the society to decide this point. He himself doubted the policy of submitting any memorial to government, at the present moment, when an immediate change was expected. Moreover, without defining the nature of the proposed measure, we might commit ourselves to a measure of which we could not approve. Some gentlemen had remarked that no measure of medical reform would pass the legislature which did not meet the approbation of the corporations—if so, then we never should have a measure at all, or, at least, one worthy the acceptance of the profession. It was very evident to the deputations from the medical conference, who waited upon the corporations, that they would grant no more reform than they could possibly help. For proof of this, he would refer to the proceedings of the deputations, with the colleges, and apothecaries' hall, as published in the *Lancet* and other periodicals. The College of Physicians would grant some degree of representation in the election of their fellows, but would not sanction any measure that would unite and organise the profession. The College of Surgeons did not think any reform of their body at all required—in fact, they were immaculate in their constitution—they could not join in any union of their members—they were nothing but surgeons, and, as to medicine, they had nothing to do with it; were they not required to know the new name of calomel. Though not then expressed, he understood that the college would not object to give the *hospital and pure surgeons* the right of electing the council—by the bye, a further degradation to the general practitioner. At Apothecaries' Hall, they would make some *change*, which might or might not be *improvement*, and they would grant to their licentiates, within ten miles of London, of ten years' standing, the *privilege* of nominating a certain proportion of the examiners. Now, gentlemen, continned Dr. W., I would ask you whether this would be a measure of reform, or of the representative system, that would satisfy you, or that would supply the wants of the profession. I have said in my remarks on the propositions which I have read, that the grand object of all reform was the public benefit, in a supply of efficient and well-qualified medical practitioners, and that for the sake of the public, they should be protected in the practice of their profession. After some further remarks, Dr. W. concluded by stating that the British Medical Association would most cordially co-operate with that Association, and with other medical associations, which were now neither few nor small, and were scattered over the three kingdoms, in procuring an improved system of medical polity (applause).

Dr. MAUNSELL said, that he had been requested by Dr. Webster to second his propositions, which, however, he had only seen that morning, there not having been any concert upon the matter between him and Dr. W. Before doing so, he begged to say, that he and his colleague attended the present meeting on the part of the Medical Association of Ireland, not to instruct or dictate to the Provincial Association, but, to consult with it, in the most friendly spirit, and particularly, to endeavour to arrange some plan of effective co-operation in the common cause of the profession which, it was now universally acknowledged, laboured under heavy grievances in both countries. Dr. M. having then at some length, supported the propositions of Dr. W., said, that he wished particularly to impress upon the present meeting, the necessity for proceeding from deliberation to action. He fully concurred in the report of the reform committee, and in the memorial which was founded upon it, and he agreed with his respected friend Dr. Barlow, in thinking, that some time must elapse, before they could hope to accomplish any thing final with regard to the regulation of the profession; but still, if they always continued in speculation, and never proceeded to action, they would make no progress. What he wished to propose was, the formation of a responsible committee, which should co-operate with other bodies in the profession, both corporations and voluntary associations, and a portion of which might be in London, or which might have the power of commissioning an agent in London, when matters were going forward there, of importance to the profession. In making this proposal, he did not mean to undervalue the services of the council; but he desired a committee having the protection of the profession for their especial duty,

and responsible for the performance of that duty. Such a committee could communicate with the government, and prevent them from seeking all their information from the corporations. It should also be directed to frame a bill for the regulation of the profession, in unison with other bodies, and by laying such bill before the government, so enable them to act in conformity with the prayer of the memorial—this was an essential step, and was also the only possible mode of ascertaining the sentiments of the profession—such a bill in fact, if properly drawn, would be a series of propositions upon which the views of men might be tried. There were many other matters which required the services of such a committee: for example, the approaching discussions upon the poor-law amendment bill. Such a committee should be entrusted with funds, as without money nothing could be done; and if so provided, and empowered fully and effectually to co-operate with similar committees from other associations, he (Dr. M.) was well convinced, that it would be more effectual in obtaining speedy justice for the profession, than was commonly supposed. After some further observations, Dr. Maunsell concluded.

Professor Williams followed at some length. He said he conceived that the points involved in Dr. Webster's motion might be reduced to two—qualification and government. The Medical Association of Ireland were ready to act, and co-operate with this society to the attainment of either or both those objects, and he suggested that some machinery should be framed for more ready co-operation.

Dr. Hastings, after attentively listening to the debate, thought it would be the wiser step for them to adopt the recommendation of the committee, and memorialise the minister of the crown. He advocated that they should confine themselves to the simple object recommended in the report—that of qualification—which would be more advisable than to plunge themselves into a sea of difficulties as to incorporation. He for one was not sanguine of any speedy settlement of the question of medical reform.

Dr. Barlow observed that Dr. Webster's resolution was a mere declaration of principles, which were already recognised, and had been fully and fairly declared, in former resolutious of this association. It being, therefore, unnecessary to re-affirm them, he recommended that Dr. Webster should withdraw his motion, and suffer the memorial to be unanimously adopted.

Mr. Hare, of Leeds, proposed that the meeting should adjourn, in order to admit of a conference being held between the deputations and the committee, and a plan of co-operation arranged.

This proposition appeared to meet the views of the meeting; but was opposed, not in words, but with most significant gestures, by Dr. Hastings, who placed himself directly in front of, and facing the President, to whom he seemed to wish, thus, to communicate his sentiments.

Dr. Webster ultimately withdrew his motion, and the memorial was adopted.

The association then adjourned at five o'clock.

THE EVENING MEETING

Commenced at eight o'clock, and was numerously attended, the first business proceeded with, being the reading and consideration of the

POOR-LAW COMMITTEE REPORT.

This report entered into a lengthened detail of the indignities which the profession had suffered from the tyranny of the Poor-law Commissioners, and those who acted in execution of the law, under their controul; detailed the various attempts which had been made in vain to obtain redress from the commissioners; and recommended that the legislature should be appealed to, as the only medium of uprooting the system now in force with reference to medical attendance in the poor-law unions.

Mr. Salmon rose for the purpose of moving that the report be received, adopted, and printed, and that the committee be re-appointed to watch the proceedings which may take place in parliament on the subject, and to make such suggestions to the council as may be necessary to provide for such circumstances as may arise. The speaker commended the report for its value and importance, and urged the necessity which existed for continuing the committee, and the benefit which would arise from each individual member using his personal influence with those members of the legislature with whom he may be acquainted, for carrying into effect the recommendation of the report. He complained that the poor-law commissioners had acted most unjustly to the medical profession, and that the system which they had introduced had led to the engagement of uneducated men in many unions, to the exclusion of the respectable practitioner. Several instances of this kind he detailed, and denounced the proceedings of the commissioners as iniquitous. The government, he was satisfied, must amend this wretched act.

Mr. Davy, of Beccles, seconded the resolution.

Dr. Lyon, of Manchester, said he objected to the animadversions on the commissioners, who had to exercise the law as they found it. He thought more blame attached to the guardians.

Mr. Ceeley, in reply to that observation, said that the commissioners had refused to carry into effect the recommendations of the parliamentary committee, which would have modified the evils.

Dr. Webster supported the adoption of the report, and at some length censured the conduct of the commissioners. He urged that if any class required better advice than another it was the poor, and that it was a false economy to employ improper persons to minister to their wants, because when the labourer was laid on a bed of sickness his means of subsistence were cut off, and the maintenance of his family devolved on the parish.

After some further debate the resolution was adopted.

BENEVOLENT FUND COMMITTEE REPORT.

Dr. Conolly brought up the report of the Benevolent Fund Committee. In consequence of the embarrassed state of the fund at their last meeting, being then considerably in debt, it was resolved to suspend all payments until that debt was liquidated and a balance of £100 remained in the treasurer's hands.—He was glad to report that the debt (£60 8s. 7d.) was now paid off, and that £50 was now in the treasurer's hands, which he hoped would be augmented to £100 before the meeting closed. The fund would then become available, and there were many deserving objects, whose applications were pressing, and whose claims had to be postponed in consequence of the want of funds.

Dr. Simpson, of York, moved the adoption of the report, with thanks to the committee for the judicious manner in which they had managed the fund.

Mr. Smith, of Leeds, seconded the motion; and Mr. Salmon and other gentlemen supported it, expressing their readiness to contribute to the fund.

The motion was carried unanimously.

Mr. Newnham, of Farnham, moved a resolution that the meeting was deeply sensible of the importance of the Benevolent Fund, and, lamenting its present inadequacy, pledged itself individually and collectively to exert its utmost energies to relieve it from embarrassment, and to place it upon that footing of permanent usefulness which its own pure object of charity,

and the character of the profession equally demanded; and the better to accomplish this object the meeting recommended the committee of the Benevolent Fund to issue a circular to each member of the association, enclosing a collecting card, and urging the claims of the institution, as well as inviting him to become a subscriber to the extent of his ability, and also to bring the subject before his friends in the manner and at what time he should deem most expedient. The speaker, in introducing this resolution, made a most impressive and powerful appeal to the sympathies of his audience for their distressed professional brethren. He reminded them that the association contained 1250 members, and that last year they had subscribed only £129 12s., of which £53 4s. was furnished by two individuals. He strongly recommended the use of collecting cards, from experience, having sent one round among his friends for this fund, during the last year, when he realized £17 14s. in donations, and £15 10s. as annual subscriptions. He regretted that the fund was not more generally supported—there not being above six individuals in every 100 members who had subscribed to it. He was sure they could all afford to subscribe to it, for where was the professional man who did not spend more than 5s. per year in some superfluity.

Mr. GRIFFITHS, of Wrexham, warmly supported the motion.

Mr. CHURCHILL, of London, the distinguished publisher, presented a donation of ten guineas to the charity.

After some further conversation the resolution was carried unanimously.

On the motion of Mr. CHAMPNEY, of York, seconded by Dr. LYON, of Manchester, it was resolved that Dr. Black, of Manchester, to be requested to deliver the retrospective address on medicine at the anniversary meeting in 1842.

Dr. BLACK moved a resolution, that Mr. Sandcocks, of Manchester, be requested to deliver the retrospective address on surgery at the meeting in 1842.

Dr. BROWN, of York, seconded the motion, and eulogised the great talent and acknowledged ability of that gentleman.

Dr. STREETEN read a most interesting report on medical topography, which was ordered to be received and printed.

Dr. FISHER, of Downing College, Cambridge, communicated an interesting case of tumour, which was ordered to be printed.

Dr. BLACK, of Manchester, read a statement of the mode of treatment for the small-pox in Mexico.

Mr. NEWNHAM read a paper on re-vaccination, the only use of which, in his opinion, was as a test of the first vaccinal process.

It being now nearly midnight the meeting adjourned.

SECOND DAY—THURSDAY.

This morning the members of the association and their friends breakfasted in the Guildhall, after which they adjourned to the Theatre of the Museum, where

Dr. STREETEN, of Worcester, delivered a retrospective address, which occupied several hours, and appeared to excite a deep interest.

Dr. WAKE then proposed, and Dr. FISHER seconded, a vote of thanks to Dr. Streeten for his valuable paper.

Mr. HUSBAND read the report of the section on Empiricism, in which legal protection of the public against quackery was strongly urged.

Mr. CALEB WILLIAMS moved the adoption of the report, and that the committee be re-appointed, with thanks for their past services.

Dr. BAIRD seconded the motion.

Mr. GRIFFITHS, of Wrexham, commented upon the law by which females, under sentence of death, who were pregnant, could not plead any bar to their execution, unless they were quick with child. In a barbarous age such a custom might be tolerated, but with their present knowledge of fœtal life it was most revolting. He moved a resolution—"That the attention of this association having been called to the present state of the law as it affects female criminals under sentence of death, it desires to record its strong feeling of repugnance to a statute which permits the woman who has quickened to plead pregnancy, in bar of execution, whilst the same individual though equally the mother of a living child but not having quickened, must suffer the extreme penalty of the law, thus making a distinction where there is no difference, and fatally, though ignorantly, sacrificing an innocent life with that of the guilty parent, and though not pressed on the present occasion to take any decided steps, the association fully recognises its obligation to adopt at some future time such measures as will, it trusts, lead to the abrogation of a law cruel in its effects, inconsistent with the progress of knowledge and civilization, and consequently revolting to the feelings and claims of humanity."

Mr. GARLICK, of Leeds, seconded the motion, which was carried unanimously.

Dr. ROBERTSON, of Northampton, moved that the anniversary meeting for the year 1842, take place at Exeter, and that Mr. James, of Exeter, be appointed president elect.

Mr. CEELEY, of Aylesbury, seconded the motion, which was supported by Dr. HASTINGS, and carried unanimously.

Mr. TOOGOOD, of Bridgewater, moved that a section be appointed for the purpose of investigating the pathology of cancer, and that it consist of the following gentlemen, with power to add to their number:—Dr. Fisher, Fellow of Downing College, Cambride, Daniel Noble, Esq., of Manchester; Drewry Ottley, Esq., of Exeter, and H. Russell, Esq., of York.

The association then proceeded to the consideration of cases and other communications, among which were papers by Mr. Ceeley, on comparative pathology; Dr. Boisragon on an improved mode of making anatomical preparations; Dr. Davies, of Presteign, on the use of opium in strangulated hernia; Dr. Tunstall, of Dawlish, on the employment of veratria; Mr. Sweeting, of Abbotsbury, on the use of diacetate of lead; Mr. Lingen, of Hereford, a case of fibrous tumour of the upper jaw excised; Mr. Storrs, of Doncaster, a successful case of extraction of stone by dilatation.

Dr. BARLOW then rose to move that the thanks of this association be given to the Right Hon. the Lord Mayor of York for his kind permission of the use of the Guildhall, for the festive meetings of this anniversary.

Dr. JEFFREYS seconded the motion, observing that it appeared almost an established custom in every town, which they visited, for the municipal authorities to render them all the facility in their power.

Dr. HASTINGS then moved the cordial thanks of the association to the Yorkshire Philosophical Society for permitting this anniversary meeting to be held in their theatre, and for their liberality in throwing open the museum for the gratification of the members and visitors. He was certain that this resolution would be heartily responded to by every member who had attended this meeting. When the profession in York were so kind last year as to send a requisition that the meeting should this year be held in this

venerable city, they assented without a moment's hesitation, because they felt certain that ancient York could not fail to receive with applause an association like this, which was devoted to those pursuits that elevate the character and diminish the sufferings of mankind. The City of York had, on a former occasion, stepped forward in the cause of science, and it was in this locality that one of the most flourishing institutions ever established for the advancement of science took its birth. They could have no hesitation therefore to hail the day when their society should be assembled in ancient Ebor, and every anticipation had been more than realised. They had found the modern sons of York desirous to do honour to the sons of science, and anxious, by every means in their power, to promote the great object this society has in view.

Mr. THOMAS, of Sheffield, seconded the motion, which was carried unanimously.

Dr. ROBINSON, of Northampton, then moved that the thanks of the meeting were justly due and rendered to Dr. Goldie, for the kind and efficient manner in which he had presided at this anniversary.

Dr. CONOLLY seconded the resolution, observing that if in one thing more than another they could congratulate themselves, it was on the high attainments and qualifications of those gentlemen who had filled the chair at their several anniversaries, and on no occasion more than the present had that important office been more ably and efficiently executed.

The worthy chairman having vacated the chair, Dr. BARLOW put the motion, which was carried with enthusiasm, and Dr. GOLDIE returned thanks in a neat and feeling speech.

The Yorkshire Gazette, to which we are largely indebted for the materials of this report, adds:—"This concluded *the business* of the association, about half-past four o'clock.

"THE DINNER.

"In the evening, the members and their friends dined together at the Guildhall, and at nine o'clock a conversational meeting was held, but these proceedings were private."

Our contemporary, we presume, alludes to the omission of the customary civility of sending cards to the gentlemen of the local press. The dinner, we believe, was but thinly attended, the company being nearly two-thirds less than it was, last year, at Southampton. It pains us deeply to be obliged to allude to the conduct of the general secretary as the cause of this failure; but justice to our brethren of York, whose kindness and courteous hospitality could not be exceeded, makes it necessary for us to explain a circumstance which might otherwise bear the appearance of disrespect towards them. The individual, in question, feeling, we presume, the position in which he had placed himself, was prudent enough to absent himself from the dinner, and had his intention in this respect been known, we do not doubt that the attendance would have been very different. As it was; however, the prevalent feeling among the non-resident members of the association, (in which we confess that we fully shared,) was that as they could not dismiss from their minds the impression created by Dr. Hastings' intemperate and vulgar attack upon Dr. Laycock, and his attempts to stifle discussion by brawling and bombast, it would be more respectful to the worthy president not to carry the recollection of such matters into a convivial meeting.

TO SUBSCRIBERS.

Gentlemen in arrear are requested to forward their subscriptions to this office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 11, 1841.

INSPECTION OF PRISONS.

It gratifies us to have it in our power to inform our readers that the appointment of Inspector-General of Prisons has been conferred on Mr. Francis White, a member of our profession, and an active member of the Medical Association of Ireland. In addition to the satisfaction we experience from the appointment of a gentleman who is in every respect worthy of the distinction, we enjoy that of seeing a situation of great public importance filled by one of the class best qualified to discharge its duties. An example is now afforded, and a precedent is established, which, it is to be hoped, may be followed in future; and a step is gained toward the overthrow of the system which has hitherto made political predilections and patronage policy the sole guide as to the qualifications of candidates for such situations. Whatever course may be pursued hereafter, the member of the executive government upon whom the responsibility rests of filling this situation must be driven to consider the fitness of candidates for it, and must be prepared to defend the act of conferring it on any one incapable of discharging the duty. He must ask what is the nature of that duty, and what is the description of information which such an officer should possess. To determine the effect of the presence or absence of light, heat, atmospheric air and moisture, on the human frame, or to consider the consequences of muscular rest and nervous depression, must be the province of persons acquainted with the mechanism of the animal frame, and the result of vitality upon it. In other words, none but a properly-educated member of the medical profession can tell what allowance of space, air, light, and heat, should be made for human beings in confinement, what food is best suited to them, and what exercise should be provided for their muscles. The brutal stupidity of the prison regulations, the prison dicipline, as it is called, some time ago exposed, but not corrected in the House of Commons, proves how utterly, how thoroughly ignorant of every thing connected with the health of prisoners, the framers of these regulations are—men who have acquired by time, habits, and even perhaps by original hereditary nature, peculiar bodily conformation, and functions, are condemned, as a punishment to have these altered and reversed. The humane and sapient legislator can find no more effectual method of punishing a political sinner, than ordering him to make his stomach, previously habituated to the digestion of the most solvent food, deal with the most refractory, or to make his lungs, previously operating on pure atmospheric air in unlimited quantity, respire the most impure, and that in restricted portions. A step in human civilization has, we repeat it, been gained by this appointment, and a chance afforded that in time the legislature and government of these coun-

tries may become aware of the wicked and disgraceful consequences which attend and follow the state of profound ignorance, in which all matters relating to public health are discussed and treated. An admission has been made by those in authority, that the proper person to point out the best plans for the preservation of the health of unfortunate persons in confinement, is a medical practitioner, and that such a duty is utterly unsuited to a lawyer, a soldier, or a country gentleman.

Some may think that we attach too much importance to this matter, and that there is no reason for supposing that it can have any such effect as that which we anticipate; but we are convinced that the point of the wedge has been got in, and that here is a well-placed blow of the mallet. We have often said, and we now repeat it, that the medical profession must sooner or later have its due weight and influence in the body politic, and this is another point gained. Let us ask one question. Is this, or any other advantage lately gained, to be attributed to the display of union and co-operation in our profession? Who will venture to deny it? Let it serve to encourage our brethren to persevere, and systematically to apply themselves to those matters, which, if well and wisely considered, must ultimately become their province. The medical or sanatory department of the public service will, we are convinced, ultimately become not inferior in importance to any other.

Before concluding, we may be permitted to call the attention of our readers to another gratifying occurrence, in the appointment of a worthy member of the Medical Association, Mr. George Blood, to the vacancy in the surgeoncy of the Richmond Lunatic Asylum, caused by the promotion of Mr. White.

PROMOTIONS.

Civil.—Francis White, Esq., M.R.C.S.I., to be Inspector-General of Prisons in Ireland, in the room of Major Woodward, deceased.

George Blood, Esq., to be Surgeon to the Richmond Lunatic Asylum, in the room of Mr. White.

Military—6th Dragoons—Assistant-Surgeon Gideon Dolmage, from the 59th Foot, to be Assistant-Surgeon, vice Boyes, promoted.

9th Light Dragoons—Assistant-Surgeon Archibald Stewart, from the Staff, to be Assistant-Surgeon, vice Breslin, promoted.

59th Foot—Assistant-Surgeon Nicholas O'Connor, from the Staff, to be Assistant-Surgeon, vice Dolmage.

Rifle Brigade—Assistant-Surgeon E. G. Lloyd, to be Surgeon, vice R. Ranken, who retires upon half-pay; Assistant-Surgeon H. Hadley, M.D., from the 40th Foot, to be Assistant-Surgeon, vice Lloyd.

2d West India Regiment—J. H. Hardie, M.D., to be Assistant-Surgeon, vice Sherriffs, who resigns.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	July 25,	65	53	30.300	
Monday	26th,	67	53	30.200	.013
Tuesday	27th,	68	52	30.000	.115
Wednesday	28th,	70	56	29.924	.004
Thursday	29th,	69	51	29.900	
Friday	30th,	65	49	29.800	.005
Saturday	31st,	63.5	50	29.750	.002
Sunday	Augt. 1,	64	52	30.012	
Monday	2d,	68.5	52.5	29.900	.045
Tuesday	3d,	63.5	56 5	29.650	.120
Wednesday	4th,	62	50	29.812	.780
Thursday	5th,	70.5	56	29.364	.105
Friday	6th,	69.5	54	29.800	.070
Saturday	7th,	66.5	56	29.776	.110

SURGEONCY OF THE CORK COUNTY JAIL.

TO THE FOREMAN AND GENTLEMEN OF THE GRAND JURY OF THE COUNTY OF CORK.

Gentlemen,—We, the undersigned members of the medical profession practising in the city and county of Cork, highly approve of the efforts now made by Dr. Bull to prevent the *hurried* appointment of any member of our body to the important office of surgeon to the county jail: and we pray the grand jury to suspend the election to a *future* assizes, as was done by the city grand jury in the year 1830, under similar circumstances, because many individuals of experience, who were likely to offer themselves as candidates, are prevented from coming forward by the shortness of the notice. We also beg to say that we consider Dr. Bull a person peculiarly fitted to fill the duties of the office during any interval which may elapse, not only on account of his high professional acquirements, but as representing the interests of our body at large.

Anthony Mann, M.D.
Charles Daly, M.D.
Denis B. Bullen, M.D., one of the Surgeons, Cork North Infirmary.
Henry B. Evanson, M.D.
Edward R. Townsend, M.D.
John Woodroffe, M.D.
William K. Tanner, M.D.
H. A. Cæsar, M.D.
J. Pitcairn, M.D., and Surgeon.
Albert H. Callanan, M.D.
John Barry, M.D.
Frederick C. M'Carthy, M.D.
Daniel Cantillon, M.D., Extra-Physician, Fever Hospital.
J. R. Harvey, M.D., Senior Physician, South Infirmary.
Samuel Hobart, M.D., Surgeon to the Cork Lunatic Asylum.
J. M'Evers, M.D., late House-Surgeon, South Infirmary.
Thomas Wall, M.D., Resident Surgeon, Cork General Dispensary.
George A. Rountree, House-Surgeon, North Infirmary.
Richard T. Fowler, M.D., Physician and Surgeon, Cork General Dispensary.
Thomas Gregg, M.D., Physician and Surgeon, Cork Dispensary.
James R. Wherland, M.D., Surgeon to the South Lying-in Hospital.
George R. M'Mullen, M.D., Physician and Surgeon, Cork Dispensary.
Thomas Power, M.D.
James E. Somerville, M.D., Surgeon to the Glandore Dispensary.

APOTHECARIES' HALL OF IRELAND.

DANIEL M'KEAG, M.D., C.M.M.A.O. of Coleraine, having been this day solemnly and publicly Examined, obtained his Certificate, authorizing him to Practise the Profession of an Apothecary.

By order of the Court of Examiners,
GEORGE ATKINSON, Secretary.

38, Mary-street, Dublin, July 30, 1841.

N.B.—An Apprentice wanted.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

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Wednesday, August 11, 1841

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXXXVII.] DUBLIN, WEDNESDAY, AUGUST 18, 1841. { PRICE SIXPENCE. STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XVII.—
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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XVII.

To-day, gentlemen, I have to speak of two diseases which seem to me to come into this part of the course more appropriately than any where else—I mean *diarrhœa* and *cholera morbus*. Cullen places them amongst nervous and spasmodic affections, but, I think, erroneously, at least as regards diarrhœa: the nature of cholera will admit of discussion, as we shall see by and by.

Diarrhœa (δια and ῥεω, to flow through) derives its name from the flow or flux of fœcal matter from the bowels. It is characterised by frequent alvine discharges, more liquid than usual, chiefly or entirely feculent, and sometimes, but not necessarily, attended with griping pains. These symptoms, you perceive, bring it to fall in naturally about this part of our course. But you may also perceive that its name does not imply any state of any organ. It is, therefore, not quite in keeping with the nomenclature which we have been hitherto using. For instance, when we talked of tonsillitis, gastritis, colonitis, and so on, your minds at once turned to the tonsils, the stomach, or the colon, as the seat of those affections, and you also knew that the termination of these words was intended to mark an inflamed state of the organs engaged. But the term diarrhœa conveys no idea of the organ which is engaged, nor of the condition of any organ; it merely fixes upon a particular phenomenon (looseness of the bowels), and brings that before us as a disease. It raises a particular symptom of deranged function or structure to the rank which is only due to the derangement itself. The same thing is done in some other cases, as in jaundice, phthisis, asthma, and such like. When pathology was little understood, this style of nomenclature was unavoidable; now we can, in a vast majority of diseases, give them names which convey a good deal of their history, and lead you into some knowledge of their nature. But yet where certain symptoms are very prominent, and where at the same time the diseased states which give rise to these symptoms are either obscure or various, we find it convenient to treat of these symptoms as if they were essential diseases, and then search for the organ or the state of organ on which the symptoms depend. Thus, in diarrhœa, the case before us, copious purging is taken up as a striking phenomenon, often observed and easily recognised, yet depending on very different and sometimes very obscure conditions of the digestive organs. It would be inconvenient on many occasions, at least for popular use, to have to search for the cause of those symptoms before we named them; but having once called the malady a diarrhœa, we may seek out the exact cause, as it were, at our leisure.—In like manner in jaundice, the colour of the skin is so striking that it at once catches the eye, and seems to demand a name: well, we give it a name, and then we search for the pathological condition which has produced it. So of dropsy, consumption, asthma, &c., &c. The method may not be scientific, but it is useful and convenient; and if we are not quite clear on the pathology of any affection, it is more modest and philosophical to name the phenomena than to put forward pretensions which we cannot sustain. You may ask is not dysentery similarly circumstanced as to name, and yet I made no such remarks on it. Why yes; but having said that it might be called colonitis, as it usually is an inflammation of the mucous membrane of the large intestine, I did not think further

comment on it necessary. Well, so much for generalities.

Diarrhœa is placed by Cullen in the class *neuroses* and the order *spasmi*, and he defines it "Frequent purging; the disease not contagious; no pyrexia preceding it." He tells us that his reason for thus classing it is, because there always is increased peristaltic motion of the whole or of part of the intestine. But I think this increased action is not the primary or essential part of the complaint; it is rather a consequence of the irritation of the mucous membrane, as we shall see; and therefore I introduce diarrhœa here in company with acknowledged affections of the mucous membrane. It seems to me to have less of spasm in it than dysentery has, and more of flux, so that it might almost claim a change of place with that disease.

Diarrhœa is generally a mild affection, and in many cases produces a salutary effect on the system, averting, perhaps, a more formidable disease; in other cases it proves severe, dangerous, and unmanageable. In most cases there is a fulness felt in the abdomen, with some uneasiness before every motion; and a quantity of flatus is passed with each. The evacuations are copious, watery, and without effort. They may be very numerous: so many as thirty or forty in the twenty-four hours. The motions generally relieve, for a time, any pain or uneasiness which was previously felt; they are much more "satisfactory" than in dysentery, and are not followed by tenesmus. When the disease is severe there is rapid emaciation, hot and dry skin, loaded tongue, scanty urine, searching pains before each motion, sometimes a little straining after, and a quick and weak pulse, with nausea and loss of appetite. The emaciation is most marked about the eyes, which, in a single day, will get a hollow and sunk look, quite characteristic, and the face will assume a pale, washy hue. These symptoms may continue but for one, two, or three days, and be *acute;* or they may continue for weeks and months and be *chronic.* The evacuations may be various in their appearance, and the exciting causes of the affection very different in different cases. Hence a division of this complaint has been made into several species or varieties, according to these circumstances. Cullen divides the disease into the symptomatic and the idiopathic forms, and this last he subdivides into six species, viz., crapulosa, biliosa, mucosa, cœliaca, lienteria, and hepatirrhœa.

1. *Diarrhœa crapulosa* derives its name from the excess (*crapula*) which is supposed to have given rise to it. Persons who have overloaded their stomachs with food or drink, are apt to be attacked with diarrhœa. It comes on without warning or pain; the discharges are copious and feculent, more liquid than natural, and very frequent; but the disease usually terminates spontaneously in a couple of days. The debauch (hesterna crapula) excites the mucous membrane to increased secretion of its fluids, and the muscular coat is drawn in by sympathy to aid in expelling the superabundant and offending material by an increased peristaltic action. It may be considered a salutary effort of the vis medicatrix naturæ.

2. The *Diarrhœa biliosa* is characterised by the large quantity of bile contained in the alvine discharges. This form of diarrhœa is frequently seen in summer and autumn. It seems to be occasioned by the liver pouring into the intestine too large a supply of bile, and probably the bile is more acrid and stimulating at the time than natural. This, indeed, would appear from the hot and scalding sensation which patients sometimes feel about the anus, during the continuance of the purging. The motions are at first feculent, but afterwards they appear to consist almost entirely of bile, which may be dark, green, or yellow. Excess in drink may at any season bring on an attack of bilious diarrhœa; so may violent passions; but the usual time for seeing it is in hot weather, or in warm climates. Heat, we know, excites the action of the liver, as if to make amends for the diminished action of the lungs; stimulating drinks excite it too, probably by means of the duodenum, with which it is so intimately connected, both anatomically and physiologically; and the passions have long been celebrated for their influence over this organ: hence our terms choleric, melancholic, &c.

3. The *diarrhœa mucosa* is so called from the large quantity of mucus discharged per anum. There is not much feculent matter, but a great deal of water and mucus. The mucus may be like jelly, or like starch, or like the slime of snails. You sometimes see this in unhealthy old men, and in very chronic cases. Sometimes it is very acute, and to be met when catarrhal fevers prevail. It bears a good deal of resemblance to mild dysentery, and no doubt is the connecting link between them. You will sometimes hesitate by what name to call it. The mucous glands are evidently much engaged in this affection, and probably the colon is its chief seat.

4. *Diarrhœa cœliaca* is known by the whitish appearance of the discharges. They were supposed to consist chiefly of chyle, or of the fluid of the lacteal vessels, and hence it was sometimes called chylous, or lacteal, or milky. By some they were supposed to contain chalk or sulphat of lime, and then this variety was called chalky or gypseous. But the colour appears rather to depend on the absence of bile than on any admixture of chalk, or gypsum, or chyle. After the bilious or crapulous varieties have existed for one or two days, the discharges frequently assume this whitish colour. In chronic cases Dr. Baillie considers the chalky-looking discharges indicative of much danger. The mesenteric glands are usually diseased in such cases, being either thoroughly strumous or labouring under a malignant degeneration; or else the liver is profoundly diseased.

5. *Diarrhœa lienteria* (λειον, εντερον), meaning smooth or slippery bowels, is when the food passes without much alteration, very soon after it is taken. You will see patients obliged to go to the night chair the moment they take a drink; and the evacuation seems to differ very little from the fluid just swallowed. This occurs oftenest when the drink is cold. I have seen solids too, bits of meat and potatoes, passed quite unaltered, though not so rapidly as fluids. A very irritable state of the intestine must contribute a good deal to this, but unless the stomach is also deranged in its function we ought to have the food chymified at least. A gastroenteritis, therefore, is probably present. I have seen this lientery in a well-marked case of gastroenteritic disease.

6. *Diarrhœa hepatirrhœa* is an unusual form. It consists of discharges of bloody serum, and it got this long name from a belief that the fluid came from the liver. The liver is not at all likely to be the source of it, unless in cases where the disease would be much more formidable than diarrhœa. An ill-conditioned abscess of that organ, or of the pancreas or spleen, or some neighbouring part, after having discharged its pus, might give out a sanious fluid. So might an unhealthy ulcerated surface of the intestine itself.

Other forms of diarrhœa are spoken of, as the *tubular*, which Mason Good describes, a form of complaint marked by the passage of tubular pieces and flakes of lymph. This variety does not deserve the name of diarrhœa: it is not characterised by abundant discharges, but is evidently a peculiar kind of inflammation of the intestinal mucous membrane, analogous to croup in the trachea, and is often attended with constipation, so that it comes nearer to dysentery.

Then you may have what Dr. Forbes calls *serous* diarrhœa, a copious discharge of watery fluid, colourless or variously shaded, limpid or having shreds floating in it. This affection has followed the sudden suppression of sweat, or the taking of cold and acid drinks when the body was very warm. It has also occurred in persons afflicted with dropsy, and has proved a cure, carrying off all the fluid by a sort of vicarious increase of action in the mucous membrane. When the kidneys cannot get rid of their urine, other organs (as the skin, the stomach, and the intestines) have been known to pour out a urinous fluid; hence a diarrhœa *urinosa* has been spoken of. You will find too that abscesses in the kidney, liver, ovarium, &c., pour their pus so abundantly into the alimentary canal as to cause a sort of diarrhœa *purulenta*. And another form of this purulent diarrhœa is similar in its origin to the urinous one—it is when pus has been absorbed in large quantity from ulcers or abscesses, and then poured out vicariously in the intestine. A *colliquative* diarrhœa is met with in hectic fevers, and often alternates with sweating. It is named from the melting down, as it were, of the body into the liquid discharges which so copiously take place.

You may perceive that all these different species or varieties are named either from the kind of discharge or from the supposed cause. We might assign yet other causes, and then manufacture other names, if any good end could be served by it. For example, during dentition children are apt to have a diarrhœa which we might call the diarrhœa *dentitionis*; in gout a diarrhœa may deserve the name of *arthritica*, and in phthisis *phthisica*. But in those cases we can generally name the disease from the discharge, bilious, mucous, &c., and need not forge new denominations from the cause.

Of the *causes* which excite the disease, some act directly on the mucous membrane and others remotely, just as we saw in dysentery. To the first belong the various kinds of food when used too freely, acid, unripe fruits, half-boiled vegetables, fatty or oily substances, bad meat, pork with many, especially if not well done, sour beer, cider or wine; purgative medicines, injudiciously administered; poisons of various kinds; morbid secretions of the liver, and perhaps of the pancreas; pus flowing into the intestine from adjoining abscesses; worms, and so on. To the second belong cold and wet to the feet or to the surface; suppressed perspirations, or menses, or eruptions; dentition; gout; mental emotions, as passion, or fear, which is so well known ludicrously to relax the bowels and the bladder; measles, scarlatina, and fever.

But how is it that these causes act? Some appear to act first on the liver, and then its altered secretion acts on the intestine; others act mechanically on the mucous membrane; and others by the sympathy which that membrane has with the skin and other parts. What, then is the true nature of the disease? What is the proximate cause of diarrhœa? In most cases there seems to be a slight inflammatory action in the mucous membrane, what Cullen calls an *erythematic inflammation*—a sort of superficial inflammation, with much irritation and temporary excitement, the vascularity being heightened, and the actions of secretion and exhalation increased far beyond their natural state. The muscular fibre is sympathetically excited too. The large or the small intestine may be the seat of the affection. A more intense inflammation in the large would cause dysentery, in the small would give you the duodenitis or ileitis which I described before. It is very properly said to bear the same relation to those affections that catarrh does to bronchitis. Some have supposed that a condition the very reverse of this may be often present, a relaxed state of the membrane in which the fluids escape from it passively. This I think very doubtful, except in the diarrhœa which we call *colliquative*, where the body seems to be melting down actually from debility. In phthisis the diarrhœa is occasioned by ulcers in the lower part of the ileum, and where ulcers do not exist, the mucous glands are enlarged, and the membrane thickened and vascular in patches.

Our *diagnosis* is generally formed without trouble. Dysentery, cholera, and enteritis are the only diseases likely to be confounded with it. Dysentery has a scanty discharge of fœces, this an abundant; dysenteric evacuations are mucus or bloody, or scybalous, passed with pain and followed with tenesmus; in diarrhœa the evacuations are thin, watery, free from blood, generally from mucus too, passed without pain, and rarely followed by any tenesmus. In cholera there is always vomiting and frequently cramps; in diarrhœa the sympathy of the stomach hardly ever goes beyond nausea, and cramps are scarcely known. The pain, the fever, and the tenderness mark enteritis, and there oftener is constipation than looseness.

The *prognosis* of diarrhœa may generally be favourable, but we must of course have regard to the cause. In phthisis it is seldom possible to do more than palliate; in other cases the complaint may be chronic from some cause which we cannot reach or even ascertain. Chronic diarrhœa is not, however, always a serious complaint; it may be quite consistent with good health in other respects. Dropsy has been known to come on in cases of diarrhœa, either from the irritation being communicated to this contiguous membrane, or from vicarious action which had been set up in the peritoneum as the diarrhœa subsided.

In the *treatment* of diarrhœa we must always try to ascertain with accuracy what is the state of the mucous membrane, and what is the exciting cause of the disease. Heberden, though a most judicious practitioner, (and here I would take the opportunity of recommending his "Commentaries" on various diseases to your most careful perusal,) Heberden, simplifies the treatment a little too much by advising purgatives, in almost every case, to remove offensive matters from the intestines, and to encourage the removal, from the system at large, of any deleterious matters which, by the occurrence of the diarrhœa, show a tendency to pass off in that way. He recommends rhubarb or purgative salts to be given in the first instance, with gum, starch and opium to soothe. No doubt there are many cases in which this treatment would succeed most happily; but there are others in which it would be highly injurious. What could be more ruinous to some patients, already purged too much, than to go on purging them? To add fuel to fire! This is homœopathy with a vengeance; and to go on purging so long as there are noxious humours in the system to be expelled! How are you to judge of this? I suppose by observing the evacuations to be of an unhealthy apperance. But you must know that purgatives can be pushed so far, at any time, as to make the evacuations look unhealthy, aye, and to bring down blood and mucus from bowels previously sound, and in the soundest system. I believe I am waxing wrath, not indeed against Heberden, who very soon and very wisely changes his purgatives for soothing remedies, but it would be no sin to be angry where purgation is talked of, and practised, as you will often see it, as a general cure for diarrhœa and other bowel complaints. It is about as rational, as to whip an infant for crying, and to continue whipping him until he stops crying, as I have seen attempted. Cullen's practice is better—he cautions against purgatives in such cases as colliquative diarrhœa, and where there is a laxity of the solids, and where there is an erythematic inflammation.

The only true and safe guide in treating diarrhœa

is first to ascertain, as far as possible, the real cause of it; in what state the intestine, and especially its mucous membrane is at the time; then to consider the exciting cause of this state; and then to apply our remedies with due regard to all the circumstances of age, constitution, and all that kind of thing which I have so often before reminded you of. Treating diarrhœ on any other principles is quackery, and may convert a very mild disease into a serious one; but by this mode we can generally manage the case with ease, and bring it to a safe and speedy termination. I will just say a few words on the management of each of those varieties which I described to you a few minutes ago; it is the clearest and plainest way of dealing with the subject.

The diarrhœa *crapulosa* I told you was brought on by excess of some kind, and might be considered a salutary effort of nature to get rid of an offensive load; we are therefore, in the first instance, to promote rather than to check the purging; but we do so by the mildest means. A few bottles of soda-water, with abstinence from solid food, the diet being confined to tea and dry-toast, with barley-water or gruel and a little broth, will usually suffice for the cure. Some nausea is generally present which makes the soda-water grateful and useful. It also serves to carry off the contents of the alimentary canal, I might almost say to wash them out, exerting a slightly aperient effect to aid the efforts of the intestines. Drinking gruel, barley-water, tea, coffee, &c., will have a similiar effect; and on the second day a little chicken broth or beef tea may be given with advantage. On the third or fourth day all is right again. Should the motions be frequent, without being copious, or if they should be copious yet not feculent, we may suppose that there is some cause of irritation acting on the intestines which it cannot expel, and this supposition will be confirmed if the patient is at all griped. In such a case, a little castor oil will do good, if the stomach can bear it, if not, a blue pill, followed in three hours by a seidlitz powder, will answer well. Should we find the diarrhœa continuing longer than we think sufficient for salutary purposes we ought to check it with a cordial draught.

℞ Misturæ cretæ. ℥x.
Tincturæ opii guttas viginti.
Spiritus Lavandulæ Compositi guttas viginti.
M. ft. haustus horâ somni sumendus.

The mucous membrane is merely irritated in this affection, not inflamed, and we have only to caution our patient against further irregularities. Sometimes it might be well to commence your treatment with an emetic of ipecacuanha, and then to proceed with soda-water, &c.

The diarrhœa *biliosa*, often popularly called "an attack of bile," may be brought on by high feeding, not so much any one excess as a continued use of rich or stimulating foods, by warm weather, and by mental emotions. You will sometimes foresee its coming by the shadows which it casts before, a yellow tinge about the eyes and mouth, and on the sclerotic, some loss of appetite and perhaps constipation; then it bursts on you by frequent motions which, after the first two or three, seem to be all bile. Now this seems to be owing to a superabundant flow of bile into the intestine and requires pretty much the same treatment as the crapulous form; soda-water, or even copious draughts of hot-water, abundance of warm gruel, whey, barley-water, tea &c. If there be nausea the saline effervescing draughts are good. Sago, arrowroot and such like farinaceous food may be given freely, and then some light broth; but strong soups, jellies, butter, pastry, or any thing fat and heavy must be avoided. Our object is to get rid of the great quantity of bile which has already got into the canal, to dilute and wash it out, and to soothe any stimulating effect which it may have had on the intestine. We have also to moderate the formation of fresh bile. For this purpose, besides recommending a mild and unexciting regimen, we look for any irritation in the duodenum or neighbourhood of the liver, and may find it necessary to apply leeches there. The bile often produces griping pains, which will be alleviated by baths or stuping, and sometimes a hot and scalding feel is experienced at the anus from the acrid secretion, which we will allay by a starch enema; two or three ounces of mucilage of starch with ten or twelve drops of laudanum in it. The mind must be calmed and cheered if angry passions or corroding cares have been busy there. There is often so much irritability of the stomach in this bilious form of the complaint, and so much pain, in the abdomen and even cramps in the extremities, as to give it a close resemblance to the cholera.

The *mucous* diarrhœa depends on an irritation chiefly centered in the mucous glands, and very much resembles dysentery. We must allay this by mild diluent drinks, by stupes, warm-baths, and mucilaginous enemata. If any tenesmus be present, three or four leeches applied close to the verge of the anus will be found very useful. Boiled-milk, diluted with water, and containing a third of lime-water, is a useful drink. A tea-spoonful of suet boiled in four ounces of milk may be given twice a day, as recommended by Heberden. Blue pill and Dover's powder may also be given—say four of the pill and six of the powder in two pills at night for two or three times. This mucous diarrhœa may and often does follow other forms of the disease when the cause of the irritation has been removed, the irritation itself remaining.

The *chylous* or milky diarrhœa may also follow the other forms, when the bile has been as it were, expended by the frequent evacuations; and it may be seen in cases where there is either a suspension or an interruption to the passage of bile into the intestine. Thus if a diarrhœa should come on from any cause during jaundice the discharges will propably be whitish; in some tuberculated states of the liver too, and where a scirrhous pancreas interrupts the bile. It is often seen where the mesenteric glands are scrofulous. This chylous form of diarrhœa will call on us to investigate its cause. If it came on after any other diarrhœa, all we need do is to give a gentle stimulus to the liver, with some blue pill or the hydrargyrum cum creta, followed by half an ounce of moistened cream of tartar, and in two or three days all will be right. If it has come on during jaundice or mesenteric disease we may use some mild astringent mixture, suppose an ounce of decoctum hœmatoxyli, "post singulas sedes liquidas," to check the looseness; but our chief enemy is the mesenteric disease, or that which causes the jaundice whether in the liver, the duodenum, or the pancreas; hence we must apply our remedies especially to them, as we shall see on another occasion.

In *lientery* we look for inflammation to account for the extreme rapidity with which the mildest fluids are forwarded, and we treat it with leeches, blisters to the surface, and opiate enemata. The food must be of the mildest kind, and given in small quantities, aarow-root or sago in single spoonfulls; no drinks, that is, no *drink* of any fluid, but fluids may be given in sups, as rice-milk, suet and milk. Blisters on the abdomen are very valuable, as there is more of irritation than of inflammation in general. A mixture containing an opiate with a good deal of mucilage may be advantageously given, suppose—

℞ Muriatis morphiæ granum.
Aquæ distillatæ uncias tres.
Fiat mistura, cujus sumatur cochleare amplum quartâ vel sextâ quaque horâ.

In the *hæpatirrhœa*, if we think the diarrhœa is kept up by a discharge from any diseased surface or cavity, we try by counter-irritation and such means to lessen the disease at its source, and by opiates, astringents and absorbents to lessen the irritating effect which that discharge has on the intestine. We give chalk mixture with opium freely, or we combine decoction of logwood with the chalk mixture, or give scruple doses of kino formed into boluses with opiate confection, an astringent which Pemberton recommends. We give lime-water and milk—pulvis cretæ c. opio, and so on; whilst in this case instead of starving, we support our patient with generous diet; we give good old wine with his arrow-root or sago, and let him have jellies, strong broths, &c., according as other symptoms direct or permit.

The *tubular* diarrhœa is dependent on a highly inflamed, and a peculiarly inflamed state of the mucous membrane. You must treat it as such, and use neither astringents nor purgatives. In fact it is not properly a diarrhœa at all, but a dysentery or colonitis.

In the *serous* diarrhœa, if it be carrying off a dropsy, we let it alone; if it be caused by a sudden suppression of perspiration, we restore the action of the skin by an emetic, by warm baths, and by Dover's powder; if any irration be present in the intestine, we try to remove it by castor oil, or largely diluted neutral salts, and then we give opiates and astringents or some bland remedies—perhaps opiate injections. In *urinous* diarrhœa we try to restore the action of the kidneys or to remove the impediments to the natural course of the urine. In *dentition* we cut the gums, and give castor oil, a warm bath and absorbent powders. In *phthisis* we have a formidable disease to contend with, as there usually is ulceration in the lower part of the ileum or in the ileocolic valves. We palliate and, though we cannot cure, we afford much comfort by acetate of lead and opium, sulphate of copper and opium, lime-water and milk, small blisters over the right iliac region, and starch with opium enemata. In *colliquative* diarrhœa it usually happens that when the freedom of the bowels is at all checked *colliquative* sweats, just as exhausting, take their place. Still by such astringents as do not determine to the skin, we may try to check the diarrhœa, directing our chief attention of course, to that disease which keeps up the hectic fever, on which these colliquitive evacuations depend.

Thus you see each form of diarrhœa requires a somewhat different mode of treatment, and if you ascertain its true nature, you will be able to treat it properly, and to cure it, if it be curable. To lay down astringents for all, or purgatives for all, or opiates for all, would be evidently absurd. You may, however, lay down for all one or two remedies, such as confinement to bed, an equable and steady warmth, flannel rollers, and sometimes galbanum plasters over the abdomen, as the patient recovers.

You meet some persons so liable to slight attacks of diarrhœa, that they seem hardly ever free from them. They labour under what is often called a *chronic* diarrhœa. Well, by attention to diet, warm woollen clothing, avoiding acids, and using a little compound powder of chalk frequently, such persons get on very well. Others have really a chronic diarrhœa, but it seems to agree very well with them, and if checked they do not feel quite so comfortable. I have often checked it with chalk mixture, logwood, kino, catechu, opium, alum and such things, but I have not given much satisfaction by so doing, unless it was managed in a very slow and gradual manner. You may put a check to it for a day or two, and leave your patient an astringent to use, when it returns, in such quantities as you may think enough to keep it within bounds. He feels a little weakened by this diarrhœa, and as it calls him away from business or amusement three or four times a day, he likes to get rid of it; but if it has been of long duration you had better correct it by diet, rather than by medicine. The sense of weakness I have on some occasions removed by a liberal allowance of Guinness's Double X, and the same palatable potion has after some time cured the disease entirely by its tonic and anodyne properties.

EXTRACTS FROM FOREIGN PERIODICALS.

RESECTION OF A PORTION OF THE TIBIA. BY M. SPESSA.

A lad aged 15, received a violent contusion of the left leg to which little attention was paid; but inflammation which terminated in an ulcer supervened. A great number of remedies were tried with no advantage, and when he was placed under M. Spessa's care, he had a scrophulous aspect, and was exhausted by a copious suppuration, which found issue from an ulcer at the anterior and internal aspect of the left leg. At the bottom of the ulcer were several fistulæ, through which a probe could be passed down to the tibia, which was carious to an extent involving two-thirds of its anterior and external surface, and in some situations, the instrument passed into the medullary canal. The knee was swollen, the patient could not bear his weight on the leg, which was sometimes the seat of excruciating pain.

M. Spessa considering that the caries involved only the external and anterior surface, and anterior angle of the tibia, to the extent vertically of 244 millimetres, rejected the idea of amputation, thinking that it was possible to remove the diseased portion of the bone, and still leave sufficient to support along with the fibula the weight of the body.

The edges of the ulcer were removed with the knife, and the diseased bone was then isolated at each side with a Hey's saw (the sound bone being slightly trenched on), by two vertical sections, which united below at an acute angle, and were joined above by another transverse section. The saw was fairly carried into the medullary canal. A handle of a scalpel and an elevator being introduced into the incisions made by the saw, sufficed to remove the diseased bone, which had been thus isolated. The loss of blood was moderate, and easily arrested by pledgets of lint steeped in cold water. There was but slight re-action after the operation, and on the 15th day the wound had a healthy appearance; granulations rapidly formed, and replaced the loss of substance of the bone. The swelling of the knee gradually disappeared, and in eight weeks after the operation, the joint had recovered perfect freedom of motion, and the leg could be used in walking without inconvenience.

When the diseased portion of the bone was removed, a piece of straw was found in the medullary canal. No information could be had as to the mode of its introduction, but M. Spessa supposed, that it had been used to explore the wound, and thus found entrance.

RESECTION OF TWO RIBS.

A meliceritous tumor had been removed from below the right breast of a man, and the wound quickly healed. After the lapse of a year, the cicatrix received a blow, which produced inflammation, rapidly terminating in suppuration. On consulting M. Spessa, there was an ulcer below the right nipple, at least 162 millimetres in diameter, in connection with which there were five fistulous openings, through each of which a probe could be passed down to the 6th and

7th ribs which were carious. Various remedies were uselessly tried for several weeks, and at length it was determined to remove the diseased portions of the bone, notwithstanding that the patient was 79 years of age, and labouring under several infirmities, including an inguinal hernia.

The 6th Rib being laid bare, and the thorax of the patient firmly supported, the rib was sawed transversely at the extremities of the diseased portion, first towards the sternum, then externally, every possible care being taken to avoid injuring the pleura. The resected portion was 108 millimetres in length, and was easily separated from the pleura, from which indeed the disease had already detached it. There was slight hæmorrhage, which cold water arrested. On the 5th day the wound was suppurating, and granulations commenced to appear.

On the 15th day after the foregoing operation, the 7th rib was also resected. Some unpleasant symptoms such as cough, pain in the side, descent of the hernia, which could not be reduced for some time, and retention of urine followed, but were subdued after some time; and in about two months, the wounds were completely cicatrised.—*Bullet. delle Scienze Mediche.*

RESECTION OF A RIB.—BY DR. KARAWAJEW.

A sailor, aged 23, became affected in February, 1839, with a chronic abscess, which at length opened, and a second chronic abscess formed on the left side of the thorax, corresponding to the ninth rib, near its junction with its cartilage. It being ascertained that the rib was carious, it was determined to remove the diseased portion of the bone, which was executed on the 29th of May by means of Hey's saw; about three centimetres of the rib being resected, the periosteum of its posterior surface being spared as much as possible. In a few weeks the wound healed, leaving, however, a small fistulous opening. In December, 1840, a new abscess formed in the ilio-sacral region, which was connected with caries of the neighbouring bones, and the prolonged and copious suppuration at length ran the patient down.

On examining, after death, the resected rib, a plate of bone, two millimetres in thickness, extending along the periosteum of the posterior surface of the rib, which had been sound, was found connecting the cut extremities of the bone. This bony plate was perforated by three small foramina, occupied by its nutrient blood-vessels, which were furnished by the periosteum.—*Zeitschrift für die Gesammte Medicin, von Fricke und Oppenheim.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

ABSCESS IN THE BRAIN.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—I trust the termination of George Latimer's case, which appeared in No. CXV. of your highly useful journal, may be found of sufficient importance to occupy its pages, as I consider it a duty incumbent on every practitioner to give, honestly and conscientiously, the fatal as well as successful cases that may happen in his career of professional labour. Many circumstances combined to prevent my sending this case sooner for publication, but I hope it is not too late.

It was my intention to have made some observations on the treatment adopted in this case, as one possessing considerable interest, but I find that the simple details will exceed what should be considered a fair space in your valuable work.

I remain very faithfully yours,
WILLIAM MAXWELL WADE, M.D.
Belturbet, August 3, 1841.

Being summoned to attend the assizes at Enniskillen, to prosecute in Latimer's case, I thought it prudent to visit him before going there, and called on Friday, 5th March. I found him walking about, quite stout; wound perfectly cicatrized, appetite good; he said he had no complaint to make. On the following Tuesday, the 9th instant, just at the moment the two men arraigned for beating him were about being liberated on bail, his brother came for me, saying that my patient had a dreadful change for the worse, was nearly speechless, and that I would scarcely overtake him alive.

Having thirteen miles to drive, it was six o'clock, P.M., before I arrived at his residence, when I was informed that he was taken ill on the Sunday before, with *heartburn*, and *vomiting* of a *green sour fluid*, which disturbed him much, and that he had not made use of any diet that could have disagreed with him. That evening his friends gave him some infusion of senna, and salts, which operated well. I found him in a state of stupor, nearly comatose, but no stertorous breathing; face red and swollen, eyes suffused, slight ptosis of left superior eyelid, paralysis of right arm, coldness of all the extremities, requires to be spoken to in a loud tone of voice before he replies, then answers in a short incoherent manner, and immediately falls off into the same state of drowsiness as before; complains of noise and slight pain in his head; has had no vomiting since two o'clock yesterday, but has had *hiccup* ever since. He took some more infusion of senna yesterday evening, which also affected his bowels; pulse 48, slow, weak, and easily compressed in right wrist; much more strong in the left; sides and tip of tongue clean and moist, centre and root slightly yellow; no unhealthy appearance about the cicatrix; heat of head increased; twenty ounces of blood were taken from the arm, with most decided relief to the symptoms; head directed to be shaved and ice-cap applied; to be kept extremely quiet, to have light drinks and the following medicine:—

℞ Submuriatis hydrargyri grana duo secunda quaque hora.
Applicetur emplastrum vesic. nuchæ.
℞ Unguenti hydrargyri camphorati unciam, divide in partes octo, unam infricetur in axillas, tertiis horis.

March 10.—Passed the night and intermediate period as before last report. Great drowsiness; when roused, answers questions in broken sentences; does not complain of pain or noise in his head; pupil of right eye greatly dilated; left, natural in size; he is perfectly sensible; passed urine twice; once, he asked for the urinal, and the other time he passed it involuntarily; heat of head lessened; pulse 50; tongue clean and moist.—Continuantur pulveres et unguentum, et applicetur hirudines viginti quatuor ad capitem.

March 12.—The symptoms have been gradually increasing in severity since last report; total paralysis of right superior and inferior extremities; he became speechless in a few hours after I left him, and had convulsions of the entire body, which continue; face red and swollen; breathing stertorous; amaurotic appearance of right eye has disappeared; pupils of equal dimensions, and act regularly; frothing of saliva between the lips; involuntary discharge of urine and fœces. His friends, under the supposition that he was dying, did not give him the powders, or rub in the ointment; in fact he could scarcely swallow even

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fluids; pulse 64, full and strong at left wrist, somewhat weaker at the right one; ten ounces of blood were taken from the arm, and one dozen leeches ordered to be applied to the head.—Continuantur remedia ut nuper prescripta.

March 13.—No improvement in the symptoms; has had, and is at present in, a profuse warm perspiration; convulsive tremor continues, with violent action of the heart and arterial system; pulse 105, full and strong; great turgescence of the vessels of the conjunctiva and face; heat of head increased; only six leeches adhered of those ordered yesterday; eight ounces of blood were taken from the temporal artery, with marked alleviation of all the symptoms of congestion: bowels not moved since.

March 14.—Stated to have passed the night as before; bowels acted on twice—first stool dark and offensive, the second mixed with blood and mucus; passed urine freely; once he evinced a desire to do so, and when the urinal was handed to him he made half a pint of high-coloured urine, leaving a lateritious sediment.—At period of visit he was sleeping soundly, lying in the recumbent position; no flushing of face, no spasm or convulsions since four o'clock, A. M.; had no perspiration since last night; expression of countenance much improved; pupils, of equal size, and act in unison; makes an attempt to speak; sensation returning; swallows drink freely; action of heart natural; pulse 76, soft and easily compressed. Being fully under the influence of mercury, the powders were given every sixth hour, and the ointment rubbed in night and morning to keep up the effect.

March 15.—Much improved in every respect; slept well; volition returning: makes a much better attempt to speak; can articulate monosyllables; does everything he is desired; drank a cup of gruel, which he liked, and held the cup in his own hand; able to elevate the right arm from the bed; has regained the power of the lower extremity; bowels moved three times since last report; made signs for the bed pan on one occasion, and also when he had a desire to micturate; urine and fœces present same appearance; pulse 78, weak and easily compressed; no pain or noise in head; no heat of skin.—Continuatur unguentum, sed pulveres omittantur. Gruel and drinks as usual.

March 16.—Had a very restless night, continually throwing off the bed clothes: the bowels were moved six times since last report, once tinged with blood; no motion for eight hours previous to visit; passed urine, when solicited to do so, in the urinal; it has become clear and healthy in appearance; countenance expressive of great debility; was sleeping when I visited him, and took a long time to awake perfectly, so as to understand what was said to him, but is quite sensible and appears to know every person; pulse 80, weak and regular. To omit the ointment, and to have warm flannel applied to the abdomen; to get chicken broth and gruel.

March 17th.—One natural motion from bowels; slept well; appears better; some difficulty of swallowing for the last two days, but when drink is given, slowly, he can let it down; makes an attempt to speak, but can very seldom protrude the tongue. Applicetur emplastrum vesicans nuchæ. Continuantur unguentum et dieta.

March 18th.—Had a decided change for the worse since last report, until five o'clock, A. M., but is now better; made signs for urinal, and passed a quantity of turbid urine; bowels not moved since; swallows with difficulty, but used a great quantity of broth, drinking it from a spoon; he took two cupfulls of gruel in my presence, holding the cup in his own hand.

March 19th.—Passed a quiet night; had a bad turn for the last four hours; is comatose, with stertorous breathing; scarcely feels when the skin is pinched; countenance cadaveric; bowels not moved since; can scarcely swallow; regurgitates greater portion of drinks; cold clammy perspiration; pulse 120, very weak.

March 20th.—Died at one o'clock, P. M.

Examination of the body at the inquest, 28 hours after death, at which I was assisted by Dr. Nixon, surgeon to the County Fermanagh Infirmary. Cicatrix over seat of injury very much depressed; on removing the skull-cap, the full extent of the fracture is visible; a strong membranous expansion extends from the edges of the bone, forming a considerable protection to the dura mater; the edges of the bone have become smooth, from the process of absorption having set in; a portion of the internal table adjacent to the fissured fracture was depressed to a very trifling extent, which could not be detected during life, from the way in which it was concealed; it did not perforate the dura mater; corresponding to the part trephined, where it may be recollected, in detailing the steps of the operation, three spiculæ are stated to have penetrated the dura mater, it is much more thickened than any other part, and most intimately adherent to the integuments, arachnoid membrane and substance of the brain; the posterior portion of the left hemisphere is more prominent than that of the right, and is of a dirty brown or tawney colour; on making an incision into it, at some depth from the surface, an abscess is found, containing at least ℥iv. of thick purulent matter; the walls of the abscess are nearly black in colour, and at the point perforated by the spiculæ, they are extremely thin; merely the thickened dura mater interposed between the abscess and the integuments. There was no examination of either thorax or abdomen.

CHRONIC TUMOURS OF THE SYNOVIAL SHEATHS.

TO THE EDITORS OF THE MEDICAL PRESS.

Sirs,—In the last number of your publication there is an interesting letter from Dr. Donovan, of Skibbereen, on the subject of chronic tumours of the bursæ mucosæ, and synovial sheaths, in which he advocates the practice of cutting into them, evacuating their contents, and bringing about obliteration of the sac, by exciting inflammation and suppuration in its cavity; and he cites his own case as an example of the efficacy of this mode of treatment, at the same time describing the inflammation which ensued, on the two occasions on which the sac was extensively opened, as so severe as at one time to have threatened gangrene. Dr. Donovan appears to me to have been very fortunate in having safely passed through an ordeal, the result of which might possibly have been fatal—which was extremely likely to have been attended with loss, by sloughing, of the flexor tendons, and which, I will venture to say, has been followed by considerable deficiency in the utility of the hand.

But, granting a cure perfect, still the mere severity of the process by which it may be obtained, forms a very serious objection to it, when one less severe can be substituted; and that, I think, might have been done in Dr. D.'s, case, had the sac been divided by incisions made with a narrow-bladed knife passed under the skin, (which, from his description of the disease, might have been easily done without injuring the annular ligament); had the little wound, made by the introduction of the knife, been then closed, and pressure applied over the tumor, it would have soon disappeared, and a cure, much more perfect, and far less painful and dangerous, would have been the result. This is the operation which Mr. Williams, confessedly,

following out the idea of M. Guerin, has brought under the notice of the Surgical Society. It is one which I hail as a great improvement in our art, the want of which was previously felt by every one, and the efficacy of which, I am sure, by this time, many have experienced. Instead of approving of Dupuytren's practice of laying open these tumors, Mr. Williams only says, that where the tumor contains those solid granular bodies so frequently found, "their evacuation is *probably* essential to the obliteration of the sac;" and, in the paragraph immediately preceding, we find, what every practical surgeon must at once acquiesce in;—"laying open these tumors ensures inflammation and suppuration; and, when the tumor is of considerable size, has often caused unpleasant, even fatal consequences." And again, "every surgeon would probably avoid laying open a bursal tumor over the patella three inches in diameter, or one involving the tendons on the dorsum of the foot." May we not add?—or those of the wrist.

Mr. Williams, then, should not be brought forward as advocating a practice, which he, in common with most surgeons, so strongly repudiates, merely because he says that the evacuation of these bodies is "*probably* essential to the obliteration of the sac." These bodies have not, however, been proved to be incapable of being acted on by the absorbents; on the contrary, I should say that, occurring so frequently as they do, and so many cases having been successful under the new plan of treatment, the probability is, that their evacuation is *not* essential to the cure of the disease, though certainly their presence may render a favourable result more uncertain.

In conclusion, I must say that I look upon a free incision into an enlarged bursa, or any similar cavity, with a view to a cure by exciting inflammation and suppuration within it, as only applicable in cases attended with so great inconvenience, that all other means, including subcutaneous incision, having failed, and extirpation being inadmissible, the patient is willing to risk his life to get rid of it.

I subjoin the following case as an instance of the efficacy of Mr. Williams's operation:—

R. D., æt. 12, was affected two years ago with acute periostitis of the lower end of the femur, which was treated by free incisions through the inflamed membrane, under which pus had formed. The disease terminated favourably, leaving some thickening of the lower end of the thigh, which did not, however, interfere with the functions of the limb, and the boy remained quite well until within the last three months, at the commencement of which period he perceived a small tumor in the ham, under the external hamstring. It increased, gradually, until he applied to me, when it was about the size of a large lemon, projecting considerably, and materially impeding the motions of the knee. It was fixed in its situation, the integuments being freely moveable over it, and of natural appearance, and it was evident to the touch that the contents were fluid.

Thinking it a good case for a trial of Mr. Williams's operation, I passed the blade of an iris knife under the skin, and, with one stroke, in withdrawing it, divided the sac, through the whole of its transverse diameter; a thickish, straw-coloured, clear fluid followed the knife, and I allowed a little of it to escape: I then closed the puncture, and kept it so with a suture, which I directed to be removed the next day; a compress and bandage was then applied; and, on examination a week after, the tumor was found diminished one-half, and almost solid to the feel. A stimulating liniment was then directed to be well rubbed in, twice a day, under which treatment the disease has been completely, and, to all appearance, permanently removed.

H. T.

DISLOCATION OF THE OS MAGNUM.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen—I beg leave to send you a short note of a case of simple displacement of the os magnum from the scaphoid and lunar bones, which occurred to me some time ago; it would appear to be of very rare occurrence, as Sir Astley Cooper, after an extensive experience, gives but two examples of it.

The case to which I allude happened to a lady, the wife of a cavalry officer; and appeared to be connected, in a great measure, with a relaxed state of the ligaments, as she does not recollect to have suffered any injury or twist of the joint. On the back of the carpus, the hand being placed in a direct line with the forearm, a hard tumour about half the size of a hazel nut was presented. This, on forced flexion of the wrist, increased considerably; but on extreme extension, by which the head of the os magnum was depressed into its place, it completely subsided. The lady complained of great weakness of the hand with occasional pains down the fingers.

This case had been taken, before I saw it, for common ganglion; Sir Astley Cooper, in his very valuable work on dislocations, notices this error, and I need scarcely remark what serious consequences might ensue if pressure, as usually adopted for a ganglion, were used in the case of dislocation. The two may, by a very simple manœuvre, be easily distinguished from each other. Place the wrist in a state of forced extension, and the tumour will completely disappear, if it be forced by the head of the os magnum, not so, if it arises from a ganglion.

With respect to the treatment, I have not recommended any of importance, as, considering that the displacement has existed for some months, I could not expect by soap-straps, bandaging, or any contrivance to restore the stretched ligaments to their original condition; indeed, Sir Astley Cooper does not mention any decided success from the plan he lays down.

I remain, gentlemen, your obedient servant,

HAMILTON LABATT.

3, Leinster-street.

DOCTOR HASTINGS' NOTIONS ABOUT THE PRINCIPLE OF REPRESENTATIVE GOVERNMENT.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen,—Some observations I made at the late meeting of the Provincial Medical and Surgical Association, led to various remarks on the constitution of the council, and to statements so unqualified and inaccurate, that I should have undertaken to correct them, if the hasty expressions and conduct of Dr. Hastings had not made it manifest, that the members were not met for discussion. I therefore request space in your columns for some statements which might, under other circumstances, have been made at the meeting.

The main object of my remarks was, to shew that the principle of government, by representation, insisted upon in the report of the council, could never be effectually applied to the reform of the medical corporations, unless that principle was actually, and not nominally adopted by the association itself, in the formation of its own executive. The meeting, however, was assured by Dr. Hastings, that the general council was elected strictly on the representative principle, and Mr. Husband, secretary to the local council here, referred to the election of the president and council at York, as a striking instance of the working of the principle. That individual assured the meeting, that he had strict instructions from Dr. Hastings to act on that principle in the management of the election; and so anxious (he

stated), was he to follow up these instructions, that as I complained that a circular, calling a meeting of the members, did not sufficiently express the objects of the meeting, a second was issued. Of course, nothing could be more obliging.

At the late meeting, 340 councillors were elected *en masse*, by between 50 and 60 members. This proceeding, Dr. Hastings asserted, was strictly on the representative principle. Now, of the fifty-three present, who represented the 1,200 absent members, 30 were comprised in the 340 elected, and so elected themselves. So much for the Hastings' representative principle, under the author's own management; let us now see how it was worked out at York, under his strict instructions. In July of last year, a requisition was got up, requesting the association to hold its next meeting at York, which I signed. A committee of management was appointed, 91 signatures were obtained, and on the 15th July, the following lithographed circular reached me:—

"York, July 14, 1840.

"Sir,—You are requested to attend a Meeting of the Requisitionists to the Provincial Medical and Surgical Association, to be held at the Dispensary, on Thursday evening next, [the 16th,] at eight o'Clock precisely.

"Signed,

"W. D. Husband, Secretary."

I did not attend that meeting, but on the morning of the 17th July, I received the following notice. It was the same lithograph as the former, with some manuscript additions, which I have underlined:—

"York, July 16, 1840.

Sir,—You are *particularly* requested to attend *an adjourned* meeting of the Requisitionists, &c., to be held at the Dispensary, *to-morrow evening, Friday*, [the 17th], at eight o'Clock precisely.

"Signed,

"W. D. Husband, Secretary,

"For nomination of a President and Council."

I attended this meeting, and found from 12 to 15 requisitionists present. The president elect (the present president), and a local council were then nominated. According to Dr. Hastings' theory, the local council, thus elected, ought to represent the members or requisitionists of the district. What is the fact? Of the 91 signers of the requisition, 37 reside at York, or within seven miles; the remaining 54 are scattered over the country, the majority at a distance of from 30 to 40 miles. Now, if these outlying voters had been ever so anxious and determined to take a part in the election of their representatives, they could not possibly have exercised their franchise, as the circular (if sent), would not reach them until the meeting was over. So much for the council: now for the president. The right of electing the president is vested, by the rules and custom of the association, in the members resident in the locality in which the coming meeting is to be held. The electors of the present president then, would be the 91 requisitionists, a rather narrow constituency for an association comprising 1,250 members. The majority of the 91 were also new members; but better still, the Hastings' representative principle, worked under the discoverer's strict instructions, reduces the 91 to 37; and of these 37, fewer than 20 proceeded to the election, at less than 24 hours' notice. Most admirable examples these, of the working of a representative principle. But is this the plan upon which the reformed medical corporations are to be governed? This, such an exhibition of the representative principle as the members of the association would wish to be displayed in an incorporated faculty? Are we to have the president and the council of that faculty elected after the Hastings' fashion? If matters are to be so, "the corporations" will make a standing joke of Dr. Hastings and his reform principles.

I cannot give our *local secretary* (as he is called), credit for that intense anxiety to adopt the representative principle, or for that condescending deference to my objections, which he expressed at the meeting. When he stated that the first circular insufficiently expressed the business upon which the requisitionists were called together, he must, I think, have known that it was not expressed at all, and he ought not to have placed me under the unpleasant necessity of contradicting him; or, when he asserted that the second was issued, calling an adjourned meeting, *because I objected* to the first circular, he must surely have been aware that the assertion was incorrect.

I have in vain attempted to trace in the association the working of a strictly representative principle, in the usual meaning of the term. All is a confusion of central, local, and general councils, committees, and secretaries, districts, localities, and *Worcester*.

There is, however, some principle of this kind governing that large body. If we, theoretically, suppose that Dr. Hastings is himself the association, and that the various officers represent him, all the proceedings have a delightful congruity with each other, and with this novel plan of representative government, which I must most respectfully affiliate upon Dr. Hastings.

I am, Gentlemen,
Your obedient servant,
T. LAYCOCK.

York, August 9, 1841.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The late meeting at Plymouth has not been very productive in the department of medical science. We find the following remarks in the *Athenæum* of the 7th inst:—

Section E.—Medical Science.

This section has hitherto derived its principal interest and more important papers from the zeal and scientific acquirements of the local members. What then will be inferred as to the state of medical science in the west of England, when we record that the section met on Thursday and Friday, and were compelled to adjourn, not a single paper having been presented to the secretaries?

In the statistical section, a report was brought forward

"On the Vital Statistics of Sheffield," prepared by a local committeee, and forwarded to the section by Dr. Holland. It was exceedingly minute and elaborate, and was only partially read. It began by describing the position of the town, showing how favourably it was circumstanced in respect to ventilation, drainage, and supply of water. It had advanced very rapidly both in population and wealth; but though no data existed for determining the latter, it was believed that wealth had advanced in the greater ratio. Sheffield did not possess many large capitalists; the nature of the trades followed in the town did not require any expensive outlay in stock and machinery. The best proof of its advancement was, that in the middle of the last century there was only one commercial traveller employed in the town; there is now scarcely an establishment that does not employ one or more. The following table shows the increase of population:

In 1736 ...	16,000		
1801 ...	31,000,	an increase of	2 per cent. per ann.
1811 ...	53,000	———	1½ per cent.
1821 ...	65,000	———	2 per cent.
1831 —	91,000	———	3½ per cent.
1841 ...	117,000	———	2¾ per cent.

The value of property in Sheffield had been greatly diminished by the cessation of foreign demand; and this had principally affected the cutlers, who depend on the export trade, but had not seriously injured the silversmiths and platers, who look to the home-market. In no place perhaps have the poor-rates exhibited such extraordinary variations. In 1801 they were £7,200; but in 1820 they rose to £23,000 out of a rental which, it is supposed, did not exceed £46,000. In 1825 they were reduced to £6,000; in 1836, to £5,000; and in 1837, to £4,000. The present amount is £6,500; and the distress at the present moment is believed to be greater than it has ever been before. Trades in which combinations and associations exist, are found to become claimants on charity less frequently than those which are uncombined. This is attributed by the author of the report to the habits of foresight and prudence which arise from trade societies for a common object. One branch of trade, within the last four years, paid to unemployed workmen in the same line not less than £2,000. The author of the report then entered into a comparison of the condition of the operatives in Sheffield with those of Liverpool, Leeds, and Manchester, for the purpose of showing that enormous capitals are not favourable to the happiness of the general body; and that the greatest misery must be expected in the vicinity of the greatest wealth. He dwelt particularly on the fact, that the operatives of Sheffield usually have a house to themselves; and that there is nothing in that town similar to the cellars of Liverpool, or the lodgings of Manchester. The danger to life involved in the manufactures at Sheffield, was illustrated by a comparison of the numbers who died beyond the age of 70 in that town and in other districts.

Out of every 1,000 deaths, the average above 70 is
145 for England and Wales.
210 for the Northern and Western Ridings of Yorkshire.
104 for London.
66 for Sheffield.
63 for Liverpool and Manchester.

The mortality of infants under 7 years of age, in every 1,000—
270 for the mining districts of Staffordshire.
180 in the agricultural counties.
242 in Sheffield.

In comparing the mortalities of different trades, the two classes of occupation most unfavourable to human life, are found to be those which require frequent transitions from heat to cold, and which generate metallic dust. In what is called "dry grinding," the mortality is said to be "truly appalling;" but the rate was not stated, save that "a dry grinder" is considered an old man at 35. Early marriages in Sheffield are more common among the underpaid than among the higher classes of workmen; and the ratio of children to a marriage is also higher in the more distressed class. But Sheffield exhibits a less ratio of marriage than most other manufacturing towns. In Sheffield (1839–40) the proportion of marriages to a thousand inhabitants was 9¼, while in Leeds it was 17. The writer of the report then entered at great length into the question of Savings' Banks, for the purpose of showing that the amount of deposits affords no trustworthy criterion of the prosperity or adversity of a community. He stated that adversity, by forcing prudential considerations on the mind, was more likely to make men become depositors than prosperity. As an example, he stated that during the last three years trade had notoriously declined in Sheffield, and had gone on in a falling ratio, yet the amount in the savings' banks had been on the increase.

In 1838 there were	4,093	depositors to the amount of	£142,000
1839	5,088	.....	143,000
1840	5,248	.....	148,000

The proportion of artizans among the depositors appears to be very small; and it is least among those to whom a provision is most necessary. Out of 5,000 cutlers there were only 221 depositors; while out of 450 silversmiths and platers there are 89. The greatest number of depositors is found in the present year, which is the year of greatest depression. Hence it was inferred that the amount of deposits in savings' banks is no test of the prosperity of the working classes. The reading of the remainder of the paper was adjourned.

POOR-LAW INTELLIGENCE.

Limerick Union.—At the weekly meeting of the guardians held on the 4th inst.,

The clerk was ordered to have advertisements inserted for an Apothecary, to be appointed at a salary of £30 per annum, with rations.

Mr. Dickson proposed, that he should have the same rations as the master and matron, it would be ridiculous to ask any respectable man to put up with the diet of a workhouse pauper.

Mr. Wilson—It is stated, that the salary we propose to give the resident apothecary is too small, but I hold in my hand the *General Advertiser*, which contains advertisements for medical attendants, in Gort, Loughrea, and Ballinasloe union workhouses, and the salaries fixed are these:—In Gort, £40 per annum, in Loughrea £40, and in Ballinasloe £50, and that includes all medical attendance and compounding. And now I would ask, is it to be said that £130 a-year, for medical attendance, and rations for a resident apothecary, is too small a sum to be paid in this union.

Mr. M'Mahon—It would be preposterous to take that as a precedent, for remuneration to Medical men.

Mr. William Roche—It would shew at least that the medical profession is come very low, when they expect to get persons to perform all those duties for such a mere trifle.

Mr. Dickson's amendment was ordered to be added to the advertisement.—*Limerick Chronicle.*

North Dublin Union.—At the weekly meeting of the board of guardians, held on the 11th inst., the clerk read a communication from the poor-law commissioners, condemning the resolution of the board, in allowing the collectors 10s. *per diem* for their extra attendance in the collection of the poor-rate; and refusing to allow the alteration of the laundry into a fever hospital. The letter was characterised by several of the guardians as most insulting. It appeared from a statement made subsequently by the chairman, that the communications of the commissioners were not more remarkable for insolence than for ignorance, as they said, in another letter, that day received, "that no case of fever had occurred in the institution for the last 20 years; now it happened, that that very morning a case of fever had occurred, which terminated fatally, and which their medical officers reported to have been most malignant, and that they were obliged to have several paupers removed from the ward occupied by the fever patients." It was argued, that the commissioners should be requested to reconsider their letters, and Mr. Roper said, that if the board did not get a satisfactory answer by that day week, he would move, that copies of the resolutions and correspondence, should be placed in the hands of the city representatives.

South Dublin Union.—At the weekly meeting of the board of guardians, held on the 12th instant,

the following letter from the poor-law commissioners was read:—

"Poor Law Commission Office, Dublin,
13th July, 1841.

"Sir—The Poor Law Commissioners have had under consideration the resolution of the board of Guardians of the South Dublin Union, communicated in your letter of the 26th ultimo, proposing an increase of £40 to the salaries of the physician and surgeon of the workhouse, whereby the annual remuneration of each officer would be increased from £60 to £100. With reference to this resolution, the commissioners have to state the following grounds, on which they feel it incumbent on them to withhold their sanction from the proposed increase.—At the election of medical officers, when the present physician and surgeon were chosen, the amount of salary being first settled and published, a number of gentlemen of known professional competency presented themselves as candidates for the offices. The commissioners had no hesitation in confirming the choice of the guardians on that occasion; and they willingly admit that the services rendered by the physician and surgeon have fully justified the selection. But the commissioners are persuaded that if the offices were now vacant, and the salary the same, candidates of unexceptionable claims would again come forward; and though the principle of bestowing office upon men who will take it upon the lowest terms is not absolutely asserted, still it must not be lost sight of, when the remuneration is to be paid out of a public fund, collected and expended by a board of representatives, who are the trustees of those whom they represent.

The commissioners do not consider it just towards the rate-payers that the guardians should testify their approval of the services of an officer by raising his salary: the true principle is to adjust the amount of remuneration to the extent of duty to be performed, and to see that the duty is performed by any one who undertakes it at the fixed rate of remuneration. If from circumstances it should happen that the duties of any officer are so augmented as to become disproportionate to the salary attached to it, there is then fair ground for augmenting the salary. Also. the salary of the physician and surgeon of the workhouse is the same as that paid by the government to the junior physicians of the Whitworth Hospital; and it is presumed by the commissioners that the duties of the one situation are not more onerous than those of the other. It is, however, the intention of the commissioners, at no distant period, to cause official inquiry to be made on this point. They consider it not improbable that from defective arrangement, or other causes, the medical officers of the workhouse may be under the necessity of devoting more of their time to their duties there than occasion really requires, and more than is compatible with the full exercise of their professional avocations elsewhere, to the detriment of their personal interests. Should such prove to be the case, the commissioners will call upon the guardians to co-operate with them in applying a remedy; but the commissioners are at present of opinion that the amount of salary originally fixed affords fair remuneration for the attendance and trouble which, under ordinary circumstances, the medical officers of such an establishment as the South Dublin Workhouse should be required to bestow.

By order of the board,
C. Walmsley, First Clerk.

Sir Robert Shaw, Bart., who, in conjunction with Dr. Kirkwood, of Rathfarnham, brought the subject before the board, said that he had to observe that the statement of the commissioners, that the salary of the medical officers had been fixed by the board, was not exactly correct. There was some conversation in Mr. Hall's presence upon the subject of the amount of salary to be paid to the physicians, whether it should be £60 or £100, and he recollected perfectly well that Mr. Hall then recommended them to adopt the lowest salary first; for he said it was quite clear if the board gave £100 a year first, they could not well diminish it afterwards if there happened not to be a proportionate amount of duty to be performed, whereas it was easy to increase it if the business increased; they could not go back; but if the board first gave £60 a year, they might afterwards increase it to £100 if the business increased. Now the amount of duty to be performed was exceedingly great; for the first year there were no less than 3184 patients in the institution, and yet now the commissioners state that they "do not consider it just towards the rate-payers that the guardians should testify their approval of the services of an officer by raising his salary" (hear).—After some further observations, Sir Robert said that, so far as he was personally concerned, he would not act as a guardian if the board were to be counteracted in that way in the management of all the affairs of the institution; and he concluded by moving that the commissioners should be requested to re-consider their letter relative to the increase of salary of the medical officers.

Waterford Union.—At the weekly meeting of the board of guardians, held on the 12th inst.,

Mr. Baird, the master, stated that on Tuesday last, Mr. Nicholls, accompanied by another gentleman (Mr. Wilkinson, the architect), had visited the house, and recommended that the passage leading to the dining hall should be gravelled, shrubs planted at either side, and the centre of the dining hall gravelled, instead of flagged, as ordered by the guardians. Mr. Nicholls desired him (the master), give his compliments to the guardians, and state to them that such were his directions. Mr. Nicholls also disapproved of the erection of piggeries; he always found it impracticable, and attended with loss to keep pigs—that, he also wished to have communicated to the guardians.

Mr. Strange—If the guardians are to be dealt with in this way, we might as well stay at home.

Mr. Baird continued—Mr. Nicholls found fault with every thing—he gave credit for nothing but the books of the house. He (Mr. Baird) told Mr. Nicholls that the day-room was not sufficiently large for the number of inmates—Mr. Nicholls said the house was sufficient in every respect to accommodate 1,000. Having observed a spot of white wash on one of the walls, which was occasioned by the white-washer having accidentally knocked his brush against it, he (Mr. N.) desired it to be removed immediately by the application of some vinegar or other acid—he said that if he saw such a thing in another house he would dismiss the master!!!

Mr. Baird said he asked Mr. Nicholls if the commissioners had made arrangements about the rate. Mr. Nicholls said, that Mr. Muggeridge would communicate with the board on that subject.

Mr. Morris—Whatever we have done we did it for the best, but it appears everything is found fault with.

Mr. Bogan—Mr. Nicholls' conduct on the occasion is most extraordinary.

Mr. Baird—Mr. Nicholls also found fault with the carpenters being at work—he said whatever was wanted in that way ought to be advertised for, and got from contractors in the town. He alluded to the furniture which the carpenters were making—in fact, said Mr. Baird, he found fault with a great number of things.

Mr. Dobbyn said, under such circumstances, he would suggest, that the board suspend the management of the house till they had an interview with Mr. Muggeridge on the subject of his letter, and the remarks of Mr. Nicholls.

Mr. Hackett—May be the commissioners will send down paid guardians, if we come to such a resolution as that.

Mr. Morris said, as Mr. Muggeridge's letter contained undefined charges, coupled with Mr. Nicholls' observations on the management of the house, he

would move that the business of the board, with the exception of admitting paupers, be postponed till the arrival of Mr. Muggeridge, and that the clerk be directed to write to him, communicating the resolution and wishes of the board on the subject.

The motion was seconded and unanimously passed. —*Waterford Chronicle.*

CHESTER SUMMER ASSIZES.

Thursday, July 29, 1841.

Before Lord Abinger and a special Jury.

THE MASTER, WARDENS, AND SOCIETY OF APOTHECARIES *v.* WILLET.

This wan an action for the recovery of penalties alleged to have been incurred by the defendant, by having practised as an apothecary at Great Budworth, in Cheshire, without having obtained a certificate of his qualification to practise, as required by the 55th Geo. III., cap. 194.

Mr. John Jervis and Mr. E. N. Williams appeared for the plaintiffs. The defendant did not appear.

Mr. Jervis stated the case to the jury. The defendant had practised three years at Great Budworth as an apothecary, without having the proof which the law required, of his competency for such practice, and the society's remonstrances against his continuing to practise without legal qualification having been disregarded, they had been under the necessity of resorting to the present proceedings. The society's only object was to enforce the law, and publicly announce that unqualified persons would not be allowed to practise with impunity; they would, therefore, be satisfied with a verdict for a single penalty. The following witnesses were then called:—

Thomas Clarke stated, that he was a farmer, living at Seven Oaks, near Northwich; that he was taken ill in the middle of January last, and was attended by defendant for upwards of a month: his disease was the small-pox; he lost his eye from the disease; the defendant supplied him with medicine; the defendant sent in a bill, which was paid by the witness's father.

Herbert Thomas proved, that he was in the habit of fetching medicines from the defendant's house for the last witness during his illness.

The bill was then put in, which charged for journeys and medicine, and was receipted by the defendant.

Harriet Nixon, the wife of Abraham Nixon, stated, that she lived at Great Budworth; her husband was ill last spring; he had a cough; he was attended by the defendant for a week or more; the witness fetched physic for her husband from the defendant's house; the defendant said he had typhus fever; the defendant had a ham of the witness; it weighed thirteen pounds, and was to be ninepence a pound; the defendant had not paid for it; the witness will now ask him for it.

Sarah Johnson, the mother of the last witness remembered her son-in-law being ill; he had a bad cough, and complained of his breathing; she went for the defendant; they owed him a small bill of 4s. 1d. for a former attendance; he hesitated about coming; he did not say whether he would come or not; they had got a ham in the house; the witness did not know what to do; she told the defendant he might have the ham to settle the bill; after the defendant had seen Abraham Nixon he told the witness he had the typhus fever; the witness once fetched medicine for Nixon from defendant's house; it was pills.

Mr. Jervis stated, that he was prepared to give evidence of several other cases if it were necessary.

Lord Abinger summed up the case to the jury. It was an action brought by the Apothecaries' Company, for the purpose of preventing an uneducated person from practising as an apothecary; and it was of very great importance to the public health, that persons who were incapable, from a deficient education, of understanding the medicines they dispensed, should be prohibited from practising altogether. It having been found necessary to exclude from the practice of the profession all those who had not been properly educated for it, an act was passed for that purpose in the reign of George the Third, by which it was enacted, that if any man should presume to practise as an apothecary, unless he had been before practising as such (for the law did not affect old practitioners), without having a certificate from Apothecaries' Hall, he should be liable to a penalty of £20. There was no evidence here that the defendant was in practice at any time before the month of July, 1839, or a short time before. It did not appear that he had a certificate; he made no defence: and, therefore, it appeared to the learned judge that the jury might fairly conclude that he was not qualified to act as an apothecary.

The learned judge, in commenting upon the evidence which had been given of the defendant's practice, observed to the jury, that the defendant had not practised without remuneration; he had done it for emolument; and that it appeared to him that if the jury saw no objection to the evidence, a sufficient case had been made out for a verdict for a single penalty.

The jury returned a verdict for plaintiffs for one penalty.

TO SUBSCRIBERS.

Gentlemen in arrear are requested to forward their subscriptions to this office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 18, 1841.

THE POOR-LAW COMMISSIONERS AGAIN, *v.* THE POOR AND THE CONSTITUTION.

Our readers must have remarked the unusual quiescence maintained by the poor-law commissioners, since the memorable investigation in the House of Lords, and, as a consequence, many, no doubt, joined with us in hoping that the lesson then given, might have served as a warning against the continuance of assaults upon the liberties of the country, and upon the lives and limbs of the poor. Any such hope must, however, fade away before the contents of our columns of "poor-law intelligence" in this day's Press; which furnish abundant evidence of the permanence of many strange characteristics that, from the commencement, have distinguished this unhappy commission. In the report from the Waterford union, will be found, if we mistake not, examples of that low-bred officiousness, and restless, almost insane, vanity which have ever reflected disgrace upon those who sanctioned the appointment of such a man as Mr. Nicholls, to a situation requiring, for the discharge of its duties, tact, forbearance, and gentlemanly feeling. Mr. Nicholls, the poor-law autocrat, attended by his architect, plainly fell into the same train of thinking, and so far as circumstances permitted, of acting; as Mr Nicholls, the skipper, attended by his boatwain's mate, formerly fell into, on

the deck of the Guineaman, in which he commenced his career. Thinking it would be well to keep the crew *of guardians* employed, Mr. Nicholls the autocrat, ordered the master of the workhouse to tell them that it was his directions that the centre of the dining hall should be *gravelled*, not *flagged:* with similar intentions, of preventing the mischiefs, which result from idleness, Mr. Nicholls, the skipper, has, no doubt, often, when a calm or a trade-wind gave his crew *of seamen* too much leisure, ordered the decks to be holystoned, not simply washed. In like manner, the poor-law autocrat commanding the abolition of the piggeries, erected by the guardians; was but a holding up of the mirror to the sulky skipper, ordering the hen-coop of a passenger to be hove overboard. Again, Mr. Nicholls the autocrat, when he threatened to dismiss the master for allowing a spot of whitewash to appear on the wall, was precisely in the same frame of mind, under the influence of which, Mr. Nicholls, the skipper, has, many a time and oft, threatened to seize up his quartermaster, because the *poo-poo-tub* had been hoisted from his slave-deck with lubberly carelesness.

Resuming such a line of conduct as this, after the warnings Mr. Nicholls has received, is, in our mind, only to be accounted for, by supposing that gentleman to be under the influence of mental hallucination, and as, at the present moment, the guardians in no fewer than three distinct unions, (see our poor-law intelligence), are in the position of having declared that they will not longer bear the whimsical tyranny to which they have been subjected, we must presume that the commissioner is now labouring under a paroxysm of his malady.

We have frequently had occasion to remark upon one of the most marked symptoms of Mr. Nicholls' disease—his rooted and rancorous hatred to the medical profession, and this is particularly prominent in the present fit, as will be seen upon reference to the proceedings in the South and North Dublin unions. In the latter, it appears, the guardians have been obliged to threaten an appeal to parliament, in order to procure the leave of Mr. Nicholls to have their fever patients treated in separate wards, because it is the pleasure of that functionary to insult the medical officers, by denying the existence of contagious disease in the institution. On the ebullition of insane violence towards the guardians of the South Dublin union, and of rancorous malice towards its medical officers, we must dwell a little longer, and we hope the matter may not be allowed to rest, by our contemporaries. In our number for the 30th of June, it will be seen that Dr. Kirkwood, one of the guardians of this union moved that the salaries of the physicians and surgeons should be raised from £60 to £100. The motion was supported warmly by the most economical of the members of the board, and indeed, was opposed by one gentleman only. The resolution was forwarded to the commissioners, without delay, and they, having, we presume, taken time to consult their adviser in medical affairs, refused their sanction in a letter which was read to the board last Thursday, and which will be found in our columns this day. This document commences with an insinuation that the original salary was fixed by the guardians, which is flatly contradicted by Sir Robert Shaw, who "recollects perfectly well, that it was Mr. Assistant Commissioner Hall, who recommended them to adopt the lowest salary first." We are particularly desirous of impressing this fact upon the memories of our medical readers, as we are aware that powerful efforts have been made to persuade some of them, that it is the guardians, and not the commissioners who are responsible for the unjust and degrading scale of remuneration that has been fixed for medical services. We, from the first, said and we repeat it, that, as a body, the Irish gentlemen, farmers and citizens who compose the boards of guardians, have too much respect for themselves, and too much regard for their own lives and those of their families, as well as too high a sense of the importance of the public trust which has been reposed in them, to permit them to think, for a moment, of sanctioning the base attempt made by the commissioners to break down the character of a profession to the honour as well as the knowledge of whose members so many dear interests must be constantly confided. We know that an instant's reflection will convince the guardians that if they set the scale of payment of men of character and education at £40 or £60 a year, or from 2s. 2¼ to 3s. 3¼ a day, for a whole day's work, a re-action must shortly take place, as no man will be found to spend £2000 or £3000 upon the education of his son as a medical practitioner, when, by the outlay of as many pence, he could bring him up as a shoemaker or tailor, in either of which occupations he could earn from 4s. to 6s. a day, and that without the mental harassment or personal risk belonging to medical practice. No sequence of effect upon cause can be more natural or irresistible than the falling of medical practice into the hands of low and indigent and, as a general rule, uneducated persons, whenever the remuneration for public medical services is suffered to be fixed, by authority, at a rate far below the daily wages of the humblest mechanic. The letter before us contains a plea of confession from the commissioners, that they, and not the guardians, are attempting to effect this change: let the fact not be forgotten.

Like every other production of the poor-law commission, that we have seen, the present document, with much parade of philosophy and political economy, is a strange compound of stale truisms thrown so blunderingly together as not unfrequently to bear the appearance of being contradictions in terms. From the heterogeneous mass, however, we have been able to extract two "grounds," as they are termed, upon which the refusal to sanction the proposition of the guardians is based. One is, "that if the offices were now vacant, and the salary the same, candidates of unexceptionable claims would again come forward."

Unfortunately, this is, in all probability, but too true; but would not the doctrine equally apply to every office in the state? Would not the Irish bar produce fifty lawyers, with unexceptionable claims, who would undertake the duties of Chancellor, for one-fourth of the income enjoyed by Lord Campbell? Could not five hundred gentlemen be found in Ireland, with talents for government at least equal to those possessed by Lord Fortescue, and who would be willing to undertake all the real duties of the vice-regal office, for one-fourth of the salary now received by that noble Earl? Nay, to go higher, and reverently to approach an office, which not only combines in itself the power of the Chancellor to interpret, and of the Lord Lieutenant to execute, the law; but also includes within its functions, that authority to legislate, which heretofore has rested with the high court of parliament, and with it alone—let us offer even the exalted office of Poor-law Commissioner to public competition, and we cannot but think, that Ireland contains not fifty or five hundred; but five thousand "candidates, of unexceptionable claims," who would undertake it for £500 a-year, and who would bring to the performance of its duties, competent talents; knowledge of the country, its people, and their habits; together with gentlemanly feeling, and all the candour, veracity and horror of low intrigue, which that comprehensive phrase includes. Mr. Nicholls in the said high office, receives at least £2,500 a-year, we will not enquire if that "fixed rate of remuneration" has been the means of securing for the public all the qualities which we have just enumerated.

The second "ground" of Mr. Nicholls' refusal consists in a justification of the present rate of remuneration, as being fair and sufficient. We have, unfortunately, not allowed ourselves space enough to consider this matter as it should be considered; but we must not altogether pass it by. We have, then, taken the trouble of making certain inquiries, and we find that, during the fourteen months, from April 25, 1840, to June 25, 1841, the number of admissions into the South Dublin Union Workhouse has been 4188, furnishing to the hospital department no fewer than 4373 distinct cases of disease; many of which were petechial fevers, inflammations of the lungs and bowels, and other acute affections. Of the whole number of cases, 1189 occurred among infirm and aged individuals, and 2018 were children. Those who are a little less ignorant than poor-law commissioners, will be aware of the labour and anxiety belonging to medical attendance upon this latter class of patients, especially when, as happened in the Dublin workhouse, during the past year, they are subjected to visitations of severe epidemics of measles and scarlatina. The very fact, indeed, of a system being suffered to exist, under which so many children of tender age are imprisoned in a workhouse, and thereby kept in a condition, never far from a state of disease, is not only disgraceful to a Christian country, in the 19th century, but, in itself, furnishes ample proof, that two medical men, employed to attend such an institution, can never be idle. There are, besides, lunatics, in the workhouse, who require constant and close attention, and, to crown all, difficult cases of midwifery are, by no means, of infrequent occurrence, and impose upon the two medical officers a most arduous and disgusting duty.

Having enumerated all these items of labour, we do not expect to create surprise when we add, that the whole cannot be performed in less average time than five hours daily. We do, however, hope and trust that no feeling, but one of unmitigated disgust, will be excited in the mind of every honest man when he reads Mr. Nicholls' dictum that, for such an occupation of time, two gentlemen of character and education are fairly remunerated by a pittance of 3s. 3¼d. a day. Mr. Nicholls says this, and Mr. Nicholls receives for his own services (?), every day in the year, six pounds, seventeen shillings!

We have already stated it to be our opinion, that the guardians of the poor, generally throughout Ireland, will not lend their sanction to this state of matters. In the South Dublin Union, at least, we have evidence that a paltry economy is not the sole guiding principle; and the cause of the poor is not to be despaired of so long as we find a gentleman, like Sir Robert Shaw, paying poor-rate upon £5000 a year within the union, wisely willing to add slightly to his burthen in order to discharge honestly the trust which he has undertaken. The medical profession have also, set before them, an example of the good they might do by taking part in public affairs, in the association in this matter, with the worthy baronet, of a member of our own body. We need scarcely say that we allude to Dr. Kirkwood, whose spirited advocacy of the cause of his professional brethren we have before had occasion to notice. So far, then, it would appear unnecessary to dwell further on the matter; but, since taking up our pen, we have noticed an order of the Limerick board of guardians (see Poor-law Intelligence), to advertise for a resident apothecary at a salary of £30, with rations: and, as the policy of pinch-gut economy in medical affairs is well argued, in relation to this very case, in a letter from Dr. D. Griffin to the aforesaid guardians, we will conclude our present observations by the following extract from that able document:—

"When once the dietary and clothing of a workhouse has been fixed, no saving worth any notice can be effected on these points; and there are then only three sources of unnecessary or irregular expenditure—1st, the admission of persons as paupers who have no claim to work-house relief—2ndly, the dietary of the infirm, and the hospital expenditure in diets, extras and medicines—3rdly, want of skill in the medical officers themselves, or want of efficient assistance in an apothecary. The whole three are very important, the last perhaps most so, as it is apt to be little understood.

"With regard to the first, no one who has been in the habit of visiting the work-house of the Limerick union, can for a moment doubt that there are many healthy persons in it who have no need of its assistance. You, gentlemen, have, I am sure, been for some time very sensible of this—and my own opinion is, that this evil, a very great one even morally speaking, will go on and increase until some means are taken for securing a system of regular, and diligent, and active occupation in all such of its inmates as are capable of employment.

"With regard to the second—the hospital expenditure in diet, extras and medicines, and the dietary of the infirm, it depends entirely upon the skill and judgment of the medical officer, and if he has not a strict eye to the economy of the establishment, he certainly has it in his power to commit a great deal of extravagance in these particulars.

"The third I must speak of more in detail, as it is not easily understood by non-medical persons, though it is quite necessary that it should be made intelligible to them—of any number of persons taken with serious and dangerous illness, it does not at all follow that all

who do not recover, must necessarily die—sickness operates in two ways: by producing direct death, and by disabling and destroying the constitution of those whom it cannot kill—of any number, say 1000, taken sick therefore, a certain number will die, and a certain number will recover, but there is another portion, and a considerable one, that will neither die nor recover, but become permanently disabled—you may not be aware, gentlemen, of the fact, but it is a fact, that the skilful physician is quite as frequently occupied with the thought of saving his patient's constitution from the ruinous effects of illness, as he is contending with its power to destroy life. 'What great advantage is it to your patient?' said an eminent physician, urging upon his pupils the necessity of active measures in treating some dangerous diseases of the chest—'that you have saved him from death, if he is left with one of his lungs hepatized, or affected with chronic pleurisy, and is disabled for life, through your mismanagement?' This, however, is only one instance, and there is in reality scarcely a serious illness in which his art can be of any avail, that does not present occasions for its active exercise with this object. Of the classes spoken of, the recoveries will form by far the largest, the permanently disabled—the next in magnitude—and the deaths the smallest portion; but the proportion of them will obviously vary much, with the skill of a physician, and the attention and assiduity of the apothecary in carrying his prescriptions and directions into execution. If either or both of these is deficient, or, even if the first is the best possible, and the second, from negligence or ignorance of his business, or inability from any cause, fails to carry out his intentions, the effect will be this:—The recoveries will be reduced very considerably in number—the deaths will be increased, but not at all in the same proportion, while the number permanently disabled will be so augmented as to make up all the difference.

"This is a point of considerable importance. If you look to the general register of the house you will see that the number of persons marked on it as disabled, by one cause or another, is from 180 to 200—of these not less than 100 have been rendered infirm by disease of one shape or another—the remainder by age; and of these 100, not less than 60 or 70 are quite incurable—many of them suffer little, and have not, therefore, been placed on the medical books as patients, but all must remain on the establishment for the term of their lives. What, with clothing, maintenance, and establishment charges, the support of these 60 or 70 will certainly not be less than £400 a year—will you, therefore, say that it is not a matter of consequence to see that the medical portion of the establishment is placed in such an efficient condition as to prevent those who may be taken sick in it from falling into the same helpless state?—or are you prepared to maintain that the saving of £20 or £30 in the salary of an apothecary will be a sufficient set off against the evils that may come upon it in this way? For my part I am so convinced of the danger of those 60 or 70 becoming 100 or 120 that I fell certain there is no point whatever that the rate-payers, after a little further experience, will more particularly insist on than the medical part of the establishment being placed in every respect in an efficient condition."

INSPECTION OF MEDICAL CHARITIES IN THE SOUTH OF IRELAND.

[COMMUNICATED.]

THE medical charities of a part of the county Cork are just now in course of inspection by one of the assistant poor-law commissioners specially appointed for that purpose. When in the central town of a union last week, where the learned (?) assistant was met by the governors of the dispensary and fever hospital established there, the conversation turned on the system of receiving contracts for vaccination, and the regulations adopted by the poor-law commissioners to secure a due observance of the law, so far as remuneration by the guardians for the number vaccinated, should be justly and honestly claimed. It happened that the highly respectable members of the profession in that union, following the good example of the independent portion of their brethren throughout the kingdom, distinctly refused to accept the paltry pittance offered by the commissioners; and the learned assistant-commissioner seemed to think they were acting against their own interests in doing so, particularly as he said they laboured under a mistake as to the necessity of seeing the vaccinated case on the days stated in the commissioners' schedule—as in this instance the guardians could, as in many instances they had done, to his knowledge, rescind that part of the commissioners' regulations; and *by the medical contractor requiring a pledge of a shilling to be deposited at the time of vaccination, he had it in his power, in the event of the child's not being brought for inspection, to pay himself for those he could not charge to the guardians!!* How far the Irish head of the commission will sanction this authoritative laxity in their code of rules, is a question for his consideration, as the above facts can be fully sustained by the most respectable testimony. The learned assistant, in his tour, took especial pains to inform the governors of the several institutions that the triumvirate of Somerset House had no wish to become the patrons of the medical charities of Ireland; but on reading the "Heads of a Bill" proposed by these gentry, and embodied in their report, the veil was soon removed, and their eyes were fully opened.

MEDICAL INTELLIGENCE.

A deputation consisting of Drs. Lane, Renwick, and Boxwell, of Wexford, have waited upon their county and borough members, and explained to them the grievances under which the medical profession labours, whereupon these gentlemen promised to attend in their places in the house, and to give their best attention to the subject.

STATUE OF SIR ASTLEY COOPER.

The sketch for the statue of Sir Astley Cooper, intended for Saint Paul's Cathedral, has been completed by Mr. Baily, R.A., and represents the late distinguished surgeon, in an elegant and graceful standing attitude, with his left hand resting upon a cranium. The figure is robed as a Doctor of Laws. This work of art is very successful in pourtraying the urbanity and frankness of the highly gifted Sir Astley, nor is that dignity and self possession, for which he was so eminent, wanting in the composition.—*London Paper.*

SENTENCE OF THE CONGREGATION OF THE HOLY OFFICE OF THE INQISITION OF ROME AGAINST ANIMAL MAGNETISM.

"Feria iv. die Aprilis, 1841.

In congregatione generali S. Romanæ et universalis inquisitionis habita in conventu S. Mariæ supra Minervam coram eminentissimis ecclesiæ cardinalibus inquisitionis, proposita supra dicta instantia, iidem eminentissimi et reverendissimi D.D. dixerunt. Usum magnetismi prout exponitur non licere."

The approbation of the present Pope Gregory XVI. follows.

Ill Racc. Med. di Fano, Juill 5, 1841.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, AUGUST 12.—Council met.

Joseph Heily, M.D., Roscommon, was admitted a member of the Association.

The Treasurer reported the receipt of the following sums:—

Dr. Heily, Roscommon, £1 annual subscription.
Per Dr. Cranfield, of Enniscorthy:
Dr. Brown, Gorey, 10s., renewal subscription.
— Verling, Enniscorthy, 10s., do.
— S. R. Biggs, Fethard, 10s., do.
— Macartney, Enniscorthy, 10s., do.
— Boxwell, Wexford, 10s., do.
— Renwick, do., 10s., do.
— Hay, Enniscorthy, 10s., do.
— Cranfield, do., 10s., do.
— Do., do., £1 donation.

Read a letter from Dr. Waters, of Parsonstown, complaining of having been detained as a crown witness at Tullamore, during five days, at a distance of twenty miles from his residence, for which he was awarded, by the crown solicitor, six guineas.

The following report was then read and adopted:—

Report of the Deputies appointed to attend the Anniversary Meeting of the Provincial Medical and Surgical Association.

Pursuant to a resolution passed by the council on the 22d ult., we attended the anniversary meeting of the Provincial Medical and Surgical Association, held at York, on the 3d, 4th, and 5th inst., and, as a deputation from this Association, were received by our English brethren with the utmost kindness and courtesy. There were also present at the meeting, deputies from the North of England, and from the British Medical Associations, in conjunction with whom we took part in the proceedings of the general meeting, held on the 4th inst. On that day, a report upon the subject of medical reform (published at length in the MEDICAL PRESS of the 11th inst.) was read and adopted, with the general concurrence of the deputations. It appeared to us, however, as well as to the gentlemen representing the North of England, and the British Medical, Associations, that the grievances of the profession required something more than the mere enunciation of the abstract truths contained in that able document, and that, for practical purposes, it was expedient that an efficient plan of communication through official and responsible channels, should be established between the several associations, and that, thereby, an active co-operation should be set on foot, for the purpose of attending, not merely to the subject commonly known as medical reform, but also to the redress of all practical grievances, which now oppress the medical practitioner. We accordingly laid our views on the matter before the association, and without making a specific proposition, endeavoured to point out the advantages that would result from the appointment of a committee invested with powers to co-operate, efficiently, with other bodies, for the protection of general, professional interests. We were the more anxious for the appointment of a committee, specially charged with such duties; because we were aware, from the experience of the past year, that it was the opinion of Dr. Barlow, the respected chairman of the committee appointed by the Provincial Association, to watch over the interests of the profession, that that committee had no power, except to report, annually, and that the power of acting lay with the council, which, being composed of more than 300 members, was, of course, unsuited to discharge executive functions of any kind. We were ably supported by the other deputies, and have every reason to infer, as the result of private conversations with the members of the association, that the general feeling was in favour of a system of sustained action in support of the interests of the profession, whereby the influence and funds of the association might be made actively useful; rather than of the delivering of an annual oration on medical reform. We regret to say, however, that the secretary Dr. Hastings; and Dr. Barlow, chairman of the reform committee, thought differently, and distinctly informed us, that they did not wish any proposition for the appointment of a responsible committee to be brought publicly forward. Under these circumstances, the deputies present conferred together, and unanimously agreed to the following resolutions:—

"York, August 5, 1841.

"At a conference of the delegates of the British Medical, the North of England, and the Irish Medical Associations, to the Provincial Medical Association, at its anniversary meeting, it was agreed, that the delegates should report to their constituents respectively, that after having attended and taken a part in the proceedings at the general meeting of that body on the previous day, and having given their best consideration to the subject, they deemed it unadvisable to make any specific proposition for the purpose of procuring its co-operation through the medium of some official channel appointed for that purpose. Further, the delegates were informed by the secretary that it would not in his opinion be advisable that such a proposition should be made at the present meeting. The secretary and the chairman of the reform committee of the association also stated, that a free intercourse had hitherto existed, between the reform committee of the Provincial Association and the associations represented by this conference of delegates, which in their opinion would be sufficient at the present time.

"As it appeared essential to the best interests of the medical profession to organise a plan of co-operation between the different associations founded for medical reform, it was unanimously agreed, that the fullest and freest intercourse between their councils be recommended for the purpose of promoting measures for the good government and regulation of the medical body."

A copy of these resolutions, bearing the signatures of Dr. Brown of Sunderland, Dr. Webster of Dulwich, and Mr. Bottomley of Croydon, we now beg leave to lay before the council.

ROBERT C. WILLIAMS,
H. MAUNSELL.

PROMOTIONS.

MILITARY.—Royal Canadian Regiment—Assistant-Surgeon William Hall, from the Staff, to be Surgeon.

Ordnance Medical Department.—Assistant-Surgeon James E. Williams, to be Surgeon.

OBITUARY.

August 1, at Paris, M. Sanson aged 50, Professor of Clinical Surgery to the Faculty of Medicine of Paris.

REGISTER OF THE WEATHER.

1841.	Max.T	Min.T.	Barom	Rain.
Sunday Augt. 8,	70	55	29.650	.060
Monday 9th,	70.5	50.5	29.600	.060
Tuesday 10th,	67.5	49 5	29.750	.070
Wednesday 11th,	68.5	52	29.800	
Thursday 12th,	65.5	49.5	30.024	
Friday 13th,	66.5	55	29.700	.110
Saturday 14th,	68	55	29.550	.009

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Wednesday, August 18, 1841

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

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ACADEMY OF SCIENCES, PARIS.

AUGUST 2, 1841.

REPORT ON GELATINE AS AN ARTICLE OF ALIMENT.

M. Magendie finished the reading of the report of a commission, consisting of MM. Thenard, Dumas, Flourens, Breschet, and the Reporter; on Gelatine, as an article of diet. The following are the conclusions of the report:—

We shall be very reserved in the conclusions at which we shall arrive in this first part of our report, inasmuch as we have demonstated that science is yet in its infancy in all that concerns the theory of nutrition; but we nevertheless consider that our experiments have established the following facts beyond dispute.

1. It is impossible by any known method to extract from bones an aliment, which, whether alone or mixed with other substance, can be substituted for flesh meat.

2. Gelatine, albumen, or fibrine, taken separately are incompetent to nourish animals, except for a very short time, and very imperfectly. These substances when pure, usually excite a disgust so insurmountable, that animals prefer dying of hunger to eating them.

3. These principles when artificially mixed are accepted with more resignation, and for a longer period than when they are isolated; but, definitively they do not exert a more favourable influence on nutrition, as animals that soeat, them even in considerable quantities, at length die, manifesting all the symptoms of complete inanition.

4. Muscular flesh in which gelatine, albumen, and fibrine are organically combined, but also associated with other principles, as fat, salts, &c., suffices, even in every small quantity, for complete and protracted nutrition.

5. Raw bones have the same advantage, but the quantity consumed in twenty-four hours, must far exceed that of muscular flesh.

6. Every kind of preparation, such as decoction in water, the action of muriatic acid, and especially the transformation into gelatine diminishes the nutritive quality of bones, and even causes it in some cases to disappear.

7. The commission however, does not wish to pronounce an opinion at present on the employment of gelatine associated with other alimentary articles for the nourishment of man. Direct experiments can alone elucidate this point satisfactorily, these experiments are in active progress, and their results will be stated in the second part of the report.

8. Gluten suffices by itself for perfect and prolonged nutrition.

9. The fats taken as sole nutriment, sustain life for a certain time, but they produce an imperfect and deranged nutrition: fat accumulating in all the tissues, sometimes as oleine and stearine, sometimes as nearly pure stearine.

[The report on which the foregoing conclusions are based, has been since published at length, and is so important that we shall take the earliest opportunity of laying it before our readers.—ED. M. P.]

AUGUST 9.

NERVES OF THE UTERUS.

M. Double read in his own name and those of MM. Dumeril, and Roux, a report on a memoir by M. Jobert (de Lamballe) containing anatomical researches respecting the terminations of the nerves of the uterus. M. Jobert has satisfied himself that these nerves intermix and become confounded in penetrating the parenchyma of the uterus, but could not by the most minute research, aided even by the microscope ever suc-

ceed in tracing their filaments to the neck of the organ. The entire portion of the uterus that projects into the vagina, receives no nervous filament. The filaments that appear to be destined for that part, becoming intertwined, form a kind of new plexus, which gives off two kinds of branches. Of these many as regards the direction assumed are retrograde; they retrace their first direction, and are distributed in the thickness of the walls of the uterus; others of them again descend and are distributed to the vagina.—These observations were made in the human subject, the ape, the dog, the mare, the hare, the marmotte, the squirrel, and the guinea-pig. M. Jobert explains from this fact, the slight sensibility of the neck of the uterus when it alone is the seat of disease, and recommends the actual cautery in some of its diseases.

The reporter passed an eulogy on M. Jobert's memoir, but observed, that in the physical sciences, there was always reason to fear that a negative proposition, however solidly established in appearance, would one day be overturned by even a single authentic new fact.

NEW METHOD OF TREATING FISTULA OF THE URETHRA, BY M. RICORD.

M. Ricord communicated the case of a patient, whose urethra had been opened 19 years previously by the constriction of a thread tied round the penis, immediately anterior to the scrotum: there was a space of one centimetre between the two orifices. Eight days after sexual intercourse, the patient was attacked with gonorrhœa, which commenced in the posterior part of the canal, and it was not till four days subsequently, that the anterior portion of the urethra became affected. The posterior portion which was alone traversed by the urine, was then painful, while the anterior part was merely slightly sensible on pressure. ℥ij. of cubebs were given thrice daily; in six days the discharge had ceased in the posterior part of the canal. During the treatment, care had been taken to prevent the anterior portion coming into contact with the posterior portion, but this precaution was now designedly neglected. There was a relapse, new treatment, and a second cure of the posterior portion. A solution of the nitrate of silver was now injected, and in two days the cure was complete. M. Ricord concludes from these facts, that cubebs and copaiba act chiefly by their curative principles becoming mixed with the urine, but does not altogether deny their revulsive action. He has ascertained, as did also M. Cullerier, that their topical application is injurious, rather than useful.

The fistula now remained to be treated. M. Dieffenbach, conceived the idea, of forming in such cases, an artificial opening near the bladder, in order to direct the course of the urine, but he did not execute this project, being apprehensive of a consecutive fistula. M. Segalas having a patient with two urethral fistulæ, passed a catheter through the posterior one; pared the edges of the anterior one, and united its edges by points of suture. M. Ricord, as there was no accidental opening in the perineum in his case, passed a catheter into the bladder, and cut into the membranous portion of the urethra. The edges of the fistula were now pared, and when the bleeding ceased, two points of twisted suture were inserted. The urine, however, passed between the sutures.

Before the artificial fistula was perfectly dry, M. Ricord yielding to the anxiety of the patient; again operated, inserting four points of twisted suture, transfixing the entire thickness of the skin, which permitted the raw surfaces to be placed in more perfect apposition; a bougie was placed in the urethra, but only introduced as far as the bulb. Two of the needles were removed on the 15th day, and as the union then seemed perfect, the remaining two needles were removed two days later; a small opening had then formed at the right angle of the wound, which was healed in six or seven days, by two or three applications of nitrate of silver.

Three months and nine days after the first operation, a catheter which had been kept in the perineal opening was removed, and one was passed through the urethra into the bladder, and the urine soon ceased to pass by the wound in the perineum.

The urine is now emitted as usual, and the semen ejaculated naturally.

EXTRACTS FROM FOREIGN PERIODICALS.

COMPLETE OBSTRUCTION OF THE INTESTINAL CANAL FOR FORTY DAYS; FORMATION OF AN ARTIFICIAL ANUS IN THE ASCENDING COLON, WITHOUT OPENING THE PERITONEUM. BY M. AMUSSAT.

Madame B———, aged 50, of a nervous temperament, and habitually liable to constipation of the bowels, suffered from menorrhagia in May 1839, this event was considered as precursory to the critical period of life, but the catamenia appeared regularly up to last January, since which period they completely ceased. She has borne six children, and suffered two abortions, since the former of which, the uterus has been almost constantly the seat of more or less pain.

After the cessation of the catamenia, especially since last September, Madame B——— sustained more than usual difficulty in going to stool, the constipation became more obstinate and frequent, and could only be overcome by repeated enemata. The fœces consisted of hard dark scybala, or resembled leeches glued together. The appetite, however, remained good, nor did the symptoms on the whole give much uneasiness, till the 27th of May last, when four or five days having passed without a fœcal evacuation, Madame B——— was obliged to apply to a physician, in consequence of suffering from severe pain.

Twenty-eight leeches were applied to the epigastrium, which was painful; enemata and mild laxatives were prescribed, but without any good effect. MM. Chomel and Deguise were now called in, and enemata, drastic purgatives, with various means, including the introduction of a tube into the rectum, and ascending douches, administered by means of Bizet's apparatus, were fruitlessly employed.

On the 27th of June, M. Deguise considered that relief could only be obtained by the formatiou of an artificial anus, under which impression he sent for M. Amussat. At least 34 or 35 days had then elapsed since Madame B——— had passed gaseous or other evacuation per anum; the abdomen was much distended, and its parietes so thinned, that the coils of the intestine could be distinguished, distended with gas.

The patient being placed on the face, the right lumbar region seemed somewhat more distended than was the left. A gum elastic catheter was passed up the rectum, but at the height of six or eight inches it bent, and could be passed no farther; on examining by the vagina, it was found that the catheter was in fact curved on itself, and that the uterus was not displaced, but was perhaps somewhat larger than natural. Enemata were thrown up with great difficulty, and were expelled almost immediately, and without bringing away any fœcal matter. Within the last few days only, bilious vomiting unaccompanied by any fœcal smell had set in, and the pulse previously natural, had become full but not frequent.

The first question was, to determine the cause of the retention of the gaseous and fœcal contents of the intestines, but this question could not be satisfactorily answered, the antecedent antecedent and existing circumstances of the case not furnishing any ndication to guide us.

Was this a case of essential tympanitis, that is to say, produced simply by atony or a kind of paralysis of the intestines? This was improbable, as such cases, if they exist at all, are excessively rare.

Was this an example of volvulus, of invagination of the gut, of strangulation produced by a band, &c.? In such cases, no doubt, the passage of the fœces is suddenly arrested, but at the same time, there co-exist general symptoms of a much graver character than were present in our patient, symptoms resembling those of strangulated hernia; and furthermore, the stercoraceous vomiting which attends the class of cases now in question, was not present in this case. Were we to conclude from the absence of stercoraceous vomiting, that the obstruction was situated towards the termination of the great intestine, near the sigmoid flexure of the colon for example? No doubt this phenomenon is often wanting in contractions of that part of the intestine; but, the published cases of this kind are too imperfect, or too few in number to allow of a diagnosis being established.

Was there any morbid growth, any tumor of the uterus, or its appendages, which pressed on and obliterated the calibre of the great intestine? That might doubtless be the case, but by reason of the great distention of the abdomen, it was impossible to be positive on the matter, and examination whether by the vagina or rectum, merely revealed a trifling hypertrophy of the uterus.

Finally, was the obstruction due to the accumulation of foreign bodies in the great intestine, of which M. Cruveilhier and others have published examples?

Despite the impossibility of determining the cause, the nature, and the situation of the strangulation, we were unwilling to remain inactive spectators of the progressing mischief; but what was to be done? At what point was an artificial anus to be established, with most chance of success? It is easy to conceive that a surgeon could scarcely be placed in a more embarrassing situation.

Having, however, determined to operate, I performed the operation according to my method, on the dead body, and I must avow, that notwithstanding every precaution, and all the care with which I performed this important trial, I wounded the peritoneum, to avoid which was my express object. It is true the intestine was empty, and I had not inflated it, but the peritoneum is so thin, external to the colon, that I cut it, I opened it when I thought I was merely dividing the external layer or the cellular tissue that covers the serous membrane. I mention this fact, with the express intention of inducing surgeons always to repeat the operation on the dead subject, before practising it on the living; they will thus learn to avoid the error just mentioned. Furthermore, as I have insisted in my former memoir on this operation, one is much surer of oneself, and less preoccupied respecting the difficulties they are about to contend with, when they try on the dead body any operation they are called on to perform, and on which the life of the patient may depend.

To convince myself anew that it is difficult, often even impossible to pass an instrument beyond the sigmoid flexure of the colon, and that, therefore, catheterism of the rectum is almost illusory, and cannot serve to diagnose contractions situated high up in the intestine, inasmuch as the instrument is bent on itself, when we imagine that it has passed very high up; to convince myself of this important fact, which I had indeed already almost definitively determined, I passed up the rectum of another dead body, a large œsophageal sound, furnished at the extremity with an olivary shaped plastic mass, destined to determine the form of strictures, and I ascertained on opening the body, that the instrument had been stopped by one of the folds of the sigmoid flexure of the colon: even after removing the small intestines, when I endeavoured to pass on the sound, I saw the olivary extremity of the sound, which, however, consisted of very soft wax, depress the point of the intestine on which it rested, and at length perforate the gut. This experiment then which I have often performed, and lately repeated in presence of MM. Recamier, Mayor, and many other physicians, proves that forced catheterism of the intestine is dangerous, as it may produce rupture of the bowel. It is also almost uniformly illusory, as the instrument bends, and gives a false idea of the height to which it has passed. I of course only speak of those cases in which the sigmoid flexure of the colon presents its natural conformation, and exclude those cases, in which that part of the large intestine is straight, and not flexed, as sometimes happens; as in such cases a tube may be readily introduced to a very considerable height, but these cases are excessively rare.

To return to our patient. On the 28th June, M. Deguise and I again employed forced enemata, and repeated our examination, without obtaining a more satisfactory diagnosis, as to the seat of the obstruction. No point of the abdomen sounded dull on percussion; neither lumbar region was more arched or more prominent than the other; under such embarrassing circumstances, we resolved to consult some of our brethren most capable of aiding us.

MM. Magendie, Breschet, Chomel, Foville, L. Boyer, Filhos, Delarne, and Levaillant, assisted us in a thorough examination and discussion on the case, and it was decided to again employ forced enemata, ascending douches, and galvanism, and in the event of their failure to perform the operation which I had already successfully practised. (See MEDICAL PRESS, Vol. II., p. 234.)

These means were unavailingly employed on the 28th and 29th. On the 30th all was prepared for the operation, to which, however, the patient refused to submit.

July 2.—The patient was very feeble; pulse small and frequent, breath fœtid, and the surface exhaled a stercoraceous odour; the bilious vomiting was more abundant, the abdomen was very tense, and during the severe night she sustained very epigastric pains. Another consultation was held in the evening with MM. Magendie, Breschet, and Chomel. We were *unanimous* as to the propriety of operating immediately, but differed as to the point at which the artificial anus should be formed. Some thought that the left lumbar colon should be the part selected, as that part would probably be distended, the obstruction, they thought, lying below it, inasmuch as the patient could not retain even a single enema; others, on the contrary, considered that diagnostic sign as insufficient and deceptive, as the same occurred in some persons in perfect health, and they recommended that the right lumbar colon should be opened. The latter was my own opinion; I was inclined to cut down on the ascending colon, open it if it was distended, and if not I had determined to cut down in front of the cœcum, discover the termination of the small intestine, and then search for the seat of stricture.

July 3d, at 6, A.M., the operation was performed in the presence of MM. Breschet, Deguise, L. Boyer, Filhos, Schuster, Bowman, Delarne, Gueriveau, and Levaillant.

The patient was placed on a mattrass, the abdomen

on a pillow, so that the lumbar region was prominent, and *each lumbar region presented the same volume, and yielded the same sound on percussion.* An incision, nearly four inches long was made transversely in the right lumbar region, midway in the space separating the crest of the ilium and the last false rib, and commencing at the common mass of the sacro-lumbar and longissimus dorsi. The edges of these muscles being divided, as also the adjacent tissues, I soon arrived on the quadratus lumborum, which was easily recognised by its very oblique direction downwards and outwards. I cut the edge of this muscle, and dividing the anterior layer of the posterior transversalis aponeurosis, I perceived the cellular tissue intervening between the adipose mass covering the kidney and colon. I touched, and made others touch the kidney, and then divided vertically the fat which always lies above that organ, and examining posteriorly I felt a distended intestine. This was the lumbar colon, uncovered by peritoneum: I recognised it *by the resistance of its parietes, and by its muscular fibres*, which are more developed than those of the small intestine. It was also recognised by others present.

This, the important and capital part of the operation, being determined, I passed, with a curved needle, a thread through the coats of the intestine, so as to fix it, and then punctured the intestine with a small trochar; a quantity of gas and a very little feculent matter issued from the canula, but on withdrawing it, so much air became infiltrated into the surrounding cellular tissue that I had to cut it away to leave the colon exposed. The colon being now put on the stretch by means of the ligature previously introduced, I laid it freely open in a vertical direction, with a button pointed bistoury; the edges of the opening were kept apart by three torsion forceps. I now broke up with my index finger, introduced into the intestine a quantity of indurated fœces, on which a considerable quantity of fœcal matter escaped. The semi-solid fœces were mixed with a considerable amount of *gooseberry pippins and cherry stones.* The evacuation of the fœces was facilitated by injecting lukewarm water into the upper and lower portion of the opened colon. On passing my finger into the inferior part of the intestine, I touched and thought I recognised the ilio-cœcal valve. When the issue of fœcal matter became plentiful, I firmly attached the opening into the cœcum, as near as possible to the inferior angle of the wound, by means of five points of interrupted suture, taking care to evert the mucous membrane; and I also united the posterior angle of the wound by a point of twisted suture.

The patient was placed in bed, supported on the right side to facilitate the issue of the fœces; the artificial anus was covered with a large poultice, and the wound was directed to be frequently washed with tepid water.

In the evening the patient was cooler and relieved; the abdomen was soft and painless on pressure; gas and fœces frequently issued from the artificial anus; the pulse had become strong but not frequent. The next day she had passed a good night, and her condition was similar to that just mentioned.

5th July.—She asked for food, and her condition was improved; she was somewhat stupified from the effects of an opiate enema.

6th.—I introduced my little finger into the artificial anus, and administered a small enema, which was not returned. The patient thought she had passed some flatus per anum, which I considered to be very doubtful.

8th.—All the sutures are detached; the artificial anus is solidly adherent to the wound, which looks very healthy. On passing my finger into the artificial anus after throwing in an injection, I touched the kidney through the coats of the colon, and I found fœcal matter in the inferior portion of the ascending colon. The evacuation of fœces is very abundant. The abdomen is soft and bears pressure; no fever.

10th.—Condition unaltered; the abdomen is still somewhat voluminous, because, as M. Troussel observed, the intestines were so long distended that a certain lapse of time is requisite for the mucous membrane to resume its natural condition.

14th.—The condition of the patient is perfectly satisfactory; the appetite and strength both augment. The artificial anus is perfectly established; it is situated at the inferior angle of the wound; and as it has some tendency to contract, I propose to dilate with a tent of lint. Enemata have been given daily, and favour the issue of a large quantity of fœces.

15th.—Madame B—— thought that she had passed some fœces by the rectum. To astertain if this was so, I introduced my finger into the rectum and found that it had shrunk from before backwards, but met with no fœcal matter; on withdrawing my finger, my hand was stained with blood, which seemed to come from the vulva and not from the anus, as the patient supposed. On administering an enema per rectum, some fragments of caseous matter and some hard black fœcal scybalæ passed away. By the finger in the vagina I ascertained that the uterus lay towards the left side, its neck lay posteriorly, and was thick and hard, and its surface and cavity were covered with polypous vegetations. My finger was stained with blood, and some clots came away. Madame B. said that her catamemia had returned, and that the blood had accumulated in the womb during four months.

22d.—After the administration of an enema by the rectum, *a cylinder of black soft moist fœces* passed by the natural anus. But, nevertheless, the evacuations continued abundant from the artificial anus.

2d August.—The patient is now, 30 days after the operation, in a most satisfactory state. The appetite and strength have returned; the artificial anus is completely established at the anterior part of the wound, and admits of the entry of the fore finger.—The wound is not quite cicatrised, but is much contracted. Every thing promises that the success will be permanent, and that the patient will soon only suffer from an infirmity which is very supportable, and to which she owes her life.—*Gazette des Hopitaux.*

STRANGULATED INGUINAL HERNIA; REDUCTION AFTER SUBCUTANEOUS DIVISION OF THE STRICTURE. BY M. JULES GUERIN.

A youth, aged 18, laboured under inguinal hernia of the right side, which presented all the characters of a congenital hernia, but had only existed about one year.

On the 9th July, 1841, the tumour having been previously about the bulk of a nut and readily reducible, suddenly became as large as a hen-egg, and could not be returned. The following day (the 10th) the patient took much exercise, and the tumor became extremely painful. On that day, and on the 11th and 12th, various attempts were made by several persons to reduce the hernia, which could not, however, be accomplished; and on the evening of the 12th M. Guerin operated in the following manner:—

The patient was placed on a bed, the thighs separated and semi-flexed on the pelvis. A transverse fold of the skin was pinched up, corresponding to the root of the scrotum, and drawn up in front of the inguinal ring, and a puncture was made with a lance shaped bistoury, which penetrated as far as the inguinal ring. A grooved director was now introduced into the puncture, gradually insinuated in the direction of the canal, along the superior and anterior

aspect of the sac, and was at length passed to the depth of seven centimetres in the canal. The director was now given to an assistant, who depressed its handle, so as to make its extremity prominent. A second fold of skin was now pinched up, and a second puncture made at its base, a little above the first puncture, and a blunt-pointed convex tenotome was passed through the second wound, engaged in the groove of the director (the edge being directed upwards and outwards), and the anterior boundary of the inguinal canal gradually divided, the thumb and index finger being applied on the parts which it was desired to divide, in order to augment the resistance of the parts by comprising the tissues between the finger and the knife, and thus facilitate the section of the anterior boundary of the inguinal canal. In this way the instrument penetrated as far as the internal ring. After the division of the parts, an attempt was made at reduction, but a portion of the external ring had escaped the action of the knife, which was divided by again introducing the instrument. The reduction was now apparently effected, but the hernia re-appeared the moment the pressure was withdrawn, and it was discovered that the parts were not in reality reduced, but had merely passed into the kind of cavity formed by the subcutaneous division of the canal, and that an obstacle to their return still existed at the internal ring. A tenotome was again introduced, and the internal ring divided in two situations, directly upwards and transversely outwards. The hernia was now returned with the utmost facility. The efforts at reduction previous to the last introduction of the tenotome, had been continued three quarters of an hour: after its final introduction the reduction was effected in a few minutes. The air and effused blood were pressed out of the wound. The two small wounds were closed with adhesive plaster, and compresses and a bandage were applied.

The patient experienced immediate relief, and was well in a few days.

M. Guerin states that it would be premature to attempt to say how subcutaneous division of the stricture can be generalised in strangulated hernia. He thinks, however, that it should be substituted for the methods hitherto practised, in every recently strangulated hernia, wherever situated, whenever there is reason to conclude that the stricture is not caused by the neck of the sack, and that the contents of the hernia are not gangrened.

It cannot, he thinks, be objected that the operation is difficult and uncertain. It is not more difficult, he says, than some other subcutaneous incisions, which, with practice, are performed with ease and certainty; and for his own part he would be as sure of incising the inguinal rings and canal, as he would of dividing the internal rectus muscle. The case he operated on was an epiplocele: the difficulty would be greater in the case of an enterocele; but still with care the operation may be safely effected. The great difficulty lies in hitting off the external orifice of the inguinal canal; when this is done, it will be always easy, by exerting gentle traction on the neck of the hernia, to pass a grooved sound between it and the canal.

M. Guerin considers that there is no more danger of wounding the intestine and vessels in this than in the ordinary mode of operation. The operation is only applicable to cases where the hernial sac need not be opened; and in both the ordinary and subcutaneous mode of operating, a blunt-pointed knife must be passed between the sac and the anterior wall of the inguinal canal; this once done the only dangers are common to each method, being the insinuation of a fold of intestine in front of the knife; or injury of a blood vessel. The former danger can, he thinks, be obviated by traction on the hernia, which will put the fold of intestine on the stretch. As to the vessels, they are equally in danger by each method, unless the incision be made in the right direction; but the vessels, in any case, are in little danger, as they ramify on the inner surface of the abdomen, to which they adhere by lax cellular tissue alone, whence they will yield before the knife if we proceed slowly.

M. Guerin conceives that the following rules will always suffice to determine whether the stricture is formed by the ring or canal, or by the neck of the sac.

1. The stricture is never formed by the neck of the sac in a hernia that becomes strangulated immediately on its appearance; that is to say, where a reducible hernia has not preceded the strangulated hernia.

2. When a strangulated hernia of considerable bulk suddenly supervenes on a reducible hernia of small bulk, the stricture is not usually situated at the neck of the sac, unless indeed that part has been torn to allow of the passage of the intestine.

3. When a reducible hernia either of very long standing or of large size becomes strangulated, the stricture is commonly formed by the neck of the sac.

4. When an irreducible hernia becomes strangulated, the stricture is commonly at the neck of the sac.—*Gazette Medicale de Paris.*

ON A NEW OPERATION FOR THE RADICAL CURE OF SPINA BIFIDA, BY M. DUBOURG.

The following are the conclusions of M. Dubourg's memoir.

1. Certain cases of spina bifida admit of a radical cure.

2. Children, then, born with this infirmity should not be abandoned, but the favourable cases, at least, should be submitted to treatment.

3. The limits of incurability can be scarcely specified, as they are not in themselves absolute, but in every case where the opening of communication between the spinal canal and the tumor does not exceed an inch in diameter, an operation should be performed, with the view of intercepting the passage of the liquid from the spinal canal, and favouring the ossification and approximation of the spinous processes of the vertebræ.

4. Amputation of the tumor and the subsequent application of the twisted suture, is the best method as yet proposed for effecting this object.

5. Positive rules cannot be yet established as to the manner of performing the operation, but it is desirable whenever it can be effected, to divide the skin first and not to open the spinal canal till the second division; to effect this, however, the membranous canal giving passage to the liquid must be tolerably narrow; if it be not so, the entire peduncle must be divided by a rapid and even incision.

When the liquid is contained in a sac consisting of the meninges only, the skin being atrophied and drawn external to the solution of continuity, the tumor must be amputated as last stated, but the skin at each side must be dissected close on the laminæ of the vertebræ, and the edges of the opening pared as if we were operating for harelip.

7. The chances of success are proportional to the dimensions of the opening in the bones and to the general condition of the patient.

8. The cases given in this memoir prove that we may with impunity open the spinal canal, lay the spinal marrow bare and allow the escape of a considerable quantity of the liquid which bathes that important organ.

Two cases are given in detail, in which the operation here proposed, was performed with success. One case having been operated on in spring 1837, the other in September 1838, and both patients being alive and in good health and the infirmity completely

removed in January 1841. One of the children was 8, the other 11 days old. The latter was remarkable, inasmuch as the disease instead of occupying the inferior portion of the spine corresponded to the last cervical and first dorsal vertebræ.

M. Dubourg says much stress on preventing so far as is possible the issue of the spinal fluid, or the entry of air into the spinal canal.

It is to effect these objects that he recommends the skin to be first divided round the base of the tumor and the membranes to be subsequently incised, as the latter tissues can be thus commanded by the fingers so as to materially impede the exit of the fluid, and the ingress of air.—*Gazette Medicale.*

STATISTICS OF THE LYING-IN CLINIC OF PRAGUE, FOR THE YEAR 1839.

BY PROFESSOR JUNGMAN.

1,382 females were delivered during the year 1839; there were 1,360 single births, 20 twins, and 2 triplets; 1,406 children were thus born, of whom 720 were males, and 686 female. 60 were still born.

The vertex presented in 1,338 cases.

— Face,	...	...	17	—
— Coccyx,	...	...	25	—
— Feet,	...	...	16	—
— Tranverse,		...	10	—
			1,406	

Almost every instance where the position of the head was ascertained, while it was still above the upper strait of the pelvis, served to verify Kilian's theory, which maintains that the sagittal suture is in the transverse diameter of the pelvis; and does not assume an oblique direction, till it begins to become engaged in the pelvis. In some cases, however, the sagittal suture corresponded to the anterior-posterior diameter of the pelvis. In two of the latter cases the cord prolapsed, and with a view of saving the infant the forceps were applied, which was readily effected; but it was found impossible to bring down the child when in this position, and the operation failed.

Whenever the forceps were applied at the upper strait, or in the cavity of the pelvis, one of the blades was applied on one side of the frontal, the other on the occipital bone; it was only when the instrument was employed at the inferior strait of the pelvis, that it was applied exactly at the sides of the head.

As a general rule, the smaller the head of the child, the more does it rotate, and the more does the sagittal suture correspond to the antero-posterior diameter of the pelvis.

In four cases the forehead approached the pubis, but in one only did this position continue, till the complete expulsion of the head. The same remarks apply to the face presentations; the longer the great diameter of the head remained in the transverse position, the larger was the head. In the 17 cases of face presentation, the chin and mouth always appeared first from beneath the arch of the pelvis. The delivery in face presentations was always slow, and sometimes dangerous to the children, the majority of whom were apparently dead when born, and five died. In some of these cases the delivery was effected artificially.

In three cases where the liquor amnii was very abundant, the child was observed to move so freely, that several different presentations were ascertained to exist within a very short period. In one case, within less than five minutes, the head, shoulder, feet, and the head again, were successively felt by the touch. The children were small, and dropsical, and died: the placenta was large and infiltrated.

In a twin case, one child was born dead about the 7th month, the other was born strong and healthy at the full term.

No case occurred in which the artificial production of premature labour was called for.

Amongst several cases of apparent pregnancy, one occurred in which the diagnosis was very difficult. It was that of a woman, who had already borne several children. The neck of the uterus was effaced, and the liver was so enlarged, as to distend the abdomen so as to simulate pregnancy very exactly; and furthermore, it transmitted to the ear, the two sounds of the womans heart, which might readily have been mistaken for the pulsations of the heart of a fœtus.

The forceps were applied 45 times, and there were thus delivered 33 living, and 12 dead children. Version was performed 11 times, in two cases the head, in the others the feet being brought down; of the 11 infants thus delivered, five were dead, of whom three were extracted by the feet, and two had the cranium perforated. The placenta was extracted ten times, always with great peril to the mother. Injecting the umbilical vein sometimes accelerated the expulsion. Smellie's crotchet was applied twice. In 14 cases, formidable hæmorrhage was arrested, by injecting cold water, which was followed by metritis in but one case. Vaginal hysterotomy was performed in one case. There was prolapsus of the cord in seven cases. The membranes in many instances had to be ruptured. In some cases the perineum being too extended, was incised, and in six cases, extensive lacerations of the perineum were treated by suture. In two cases, enormous hæmorrhage from rupture of varicose veins of the vagina was arrested by plugging.

In the year 1838, but seven females died out of 1,417 delivered, while in 1839, there were 39 deaths in 1382 cases; which arose from puerperal fever appearing epidemically. This did not arise from the wards being crowded; as in the Prague Hospital there are never more than seven patients in the same ward. The epidemic commenced in December, and ended in June; it seemed to depend on atmospheric causes; and in not a single case could the influence of contagion be traced. Where the labour had been tedious, or artificially effected, it was especially liable to appear. The disease almost constantly commenced between the first and fifth days after delivery, and never after the tenth day; the earlier the period of its invasion, the more formidable it proved. The symptoms varied with the tissues chiefly affected; the disease appearing as metritis, peritonitis, phlebitis, pleuritis, or pericarditis. The treatment chiefly consisted in copious bleeding, and active purging, with calomel and jalap.—*Medicinische Jahrbücher der Cesterreichischen Staaten.*

STATISTICS OF THE LYING-IN CLINIC OF GRATZ, DURING THE YEAR 1836-37.

BY PROFESSOR GOETZ.

From the 1st November, 1836, to 31st October, 1837, there were 1091 natural and 34 artificial deliveries—1089 single births and 18 of twins.

The occiput presented in the first position in 1018 cases. In the *second* position in 34 cases. In no case did it present in the *third* or *fourth* position.

In	3	cases the vertex	presented.
	2	— forehead	—
	10	— face	—
	14	— coccyx	—
	1	— knee	—
	1	— feet	—

There were two abortions and 17 premature labours, most frequently between the 7th and 8th months.

Of the twins, the elder presented
In 11 cases the head.
1 — feet.
2 — knees.
4 — coccyx.
The second, on the contrary, presented
In 2 cases the head.
4 — feet.
10 — coccyx.
1 — transversely—the fœtus was delivered by turning, and born dead.

In one case, after the delivery of a full-grown, healthy child, an embryo of about six months was found, which was flaccid, shrunk, and partly macerated. The placenta was withered at the point to which the dead embryo adhered. The pregnancy and delivery were unaccompanied by any unpleasant symptoms to the mother. In two instances the second child was extracted with the forceps, in consequence of inertia of the uterus.

There were eight cases of prolapsus of the cord, in four of which it was returned, and the life of the child preserved.

The placenta was extracted in 12 cases, in consequence of formidable hæmorrhage.

In the 34 cases of artificial delivery the child was turned in nine cases of foot presentation, in seven of transverse presentation, in one for prolapsus of the cord, and in one for premature separation of the placenta. Five of these children were still-born, one in a state of putrefaction, and two probably dead before the version was commenced, as the waters had been long discharged, and the uterus strongly contracted, on the entrance of the mothers into hospital.

23 children were delivered with the forceps; 15 of whom did well and 8 were dead.

Perforation of the cranium was twice performed—once in a case of hydrocephalus; once in a case of face presentation.

275 of the mothers fell ill, of whom 5 died, 260 recovered, and 10 left the hospital before recovery.

Of the 1125 children born, 554 were males and 571 females.

Of the still-born children, 28 were males, 32 females.

In the days immediately following birth, 14 girls and 7 boys died.—*Journal der Chr. und Augenheil—kund e von. Graefe und Walther.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

INFLAMMATION OF THE ABDOMINAL PARIETES.

TO THE EDITORS OF THE MEDICAL PRESS.

Cootehill, August 4, 1841.

GENTLEMEN—Should you think the following case worthy of insertion, you will please give it a place in your valuable periodical.

I am, gentlemen, your obedient servant,
JAMES SHARPE, M.D., M.R.C.S.L.

Having noticed in the PRESS, No. CXXXIV., p. 58, an interesting account of "Inflammation of the Abdominal Viscera and Parietes," by Dr. Lane, of Armagh, I am induced to give the following particulars of a case somewhat similar, lately under my care:

Samuel M——, aged 17, of delicate habit, fair hair, blue eyes, and pale complexion, residing in the country;

July 6—Complains of pain along the upper part of the crest of the ilium, shooting back to the spine, and up to the last rib; pain down the back of the thigh, acute at the knee-joint, and shooting down the back of leg, as far as the ancle; the leg is flexed on the thigh, the thigh on the pelvis. On attempting to extend the limb, the most excruciating pain is felt in the region of the left kidney, and along the crest of the ilium.

10th.—Skin hot and dry; tongue red and glazed; bowels confined; pulse 86.

Habeat submur. hyd. gr. v. nocte.
Haust. ol. Ricini. cras mane.

11th.—Bowels freely opened.

Hirudines xij. app. parti dolenti.

Syncope produced by the loss of blood from leech-bites.

Emplast lyttæ.

12th.—Blister rose well; pain somewhat relieved.

℞ Submur. hyd. ℥ss.
Pulv. opii gr. vi.
Divide in pulv. vi.
Sumat i. mane nocteque.

Slept well.

13th.—Pain in lumbar region and along crest of ilium lessened.

15th.—Can extend the leg and thigh somewhat better and with less pain.

17th.—Salivary glands very much affected by the mercury.

20th.—Sat up two hours; feels almost well; can walk across the room.

28th.—Walked out half a mile, and feels quite recovered.

In the treatment of the above case, the greatest relief experienced by the patient appeared to be from the application of leeches, and the syncope thereby produced, which lasted a considerable time; and to which, in conjunction with the mercury, I attribute the reduction of the inflammation going on in the abdominal parietes, and the consequent recovery of my patient.

ROYAL SOCIETY. 1841.

The Marquis of NORTHAMPTON, President, in the chair.

Memoir of the case of a gentleman born blind, and successfully operated upon in the eighteenth year of his age; with Physiological Observations and Experiments. By J. C. AUGUST FRANZ, M.D., M.R.C.S. Communicated by Sir BENJAMIN C. BRODIE, Bart., F.R.S.

THE young gentleman who is the subject of this memoir had been affected from birth with strabismus of both eyes; the right eye was amaurotic, and the left deprived of sight by the opacity both of the crystalline lens and of its capsule. At the age of seventeen, an operation for the removal of the cataract of the left eye was performed by the author with complete success. On opening the eye for the first time, on the third day after the operation, the patient described his visual perception as being that of an extensive field of light, in which every thing appeared dull, confused, and in motion, and in which no object was distinguishable. On repeating the experiment two days afterwards, he described what he saw as a number of opake watery spheres, which moved with the movements of the eye, but when the eye was at rest remained stationary, and their margins partially covered one another. Two days after this the same phenomena were observed, but the spheres were less opake and somewhat transparent; their movements were more steady, and they appeared to cover each other more than before. He was now for the first time capable, as he said, of looking through these spheres, and of perceiving a difference, but merely a

difference, in the surrounding objects. The appearance of spheres diminished daily; they became smaller, clearer, and more pellucid, allowed objects to be seen more distinctly, and disappeared entirely after two weeks. As soon as the sensibility of the retina had so far diminished as to allow the patient to view objects deliberately without pain, ribands differently coloured were presented to his eye. These different colours he could recognise, with the exception of yellow and green, which he frequently confounded when apart, but could distinguish when both were before him at the same time. Of all colours, grey produced the most grateful sensation: red, orange, and yellow, though they excited pain, were not in themselves disagreeable; while the effect of violet and of brown was exactly the reverse, being very disagreeable, though not painful. Brown he called an ugly colour; black produced subjective colours; and white gave rise to a profusion of *muscæ volitantes*. When geometrical figures of different kinds were offered to his view, he succeeded in pointing them out correctly, although he never moved his hand directly and decidedly, but always as if feeling with the greatest caution. When a cube and a sphere were presented to him, after examining these bodies with great attention, he said that he saw a quadrangular and a circular figure, and after further consideration described the one as being a square, and the other a disc, but confessed that he had not been able to form these ideas until he perceived a sensation of what he saw in the points of his fingers, as if he really touched the objects. Subsequent experiments showed that he could not discriminate a solid body from a plane surface of similar shape; thus a pyramid placed before him, with one of its sides towards his eye, appeared as a plane triangle.

Two months after the above-mentioned operation, another was performed on both eyes, for the cure of the congenital strabismus, by the division of the tendons of the recti interni muscles, which produced a very beneficial effect on the vision of the left eye; and even the right eye, which had been amaurotic, gained some power of perceiving light, and, from being atrophied, became more prominent. Still it was only by slow degrees that the power of recognising the true forms, magnitudes, and situations of external objects was acquired. In course of time, the eye gained greater power of converging the rays of light, as was shown by the continually increasing capacity of distinct vision by the aid of spectacles of given powers.

On the Fossil Remains of Turtles discovered in the Chalk Formation of the South-East of England. By Gideon Algernon Mantell, Esq., LL.D., F.R.S.

In this paper the author gives a description, accompanied with drawings, of a remarkable fossil turtle, referrible to the genus *emys*, and named from its discoverer, Mr. Bensted, the *emys Benstedi*, which has been lately found in a quarry of the lower chalk of Kent, at Burham, which is situated near the banks of the Medway, between Chatham and Maidstone. The specimen discovered consists of the carapace or dorsal shell, six inches in length, and nearly four inches in breadth, with some of the sternal plates, vertebræ, eight ribs on each side of the dorsal ridge, a border of marginal plates, and one of the coracoid bones. It is adherent to a block of chalk by the external surface of the sternal plates. The marginal plates are joined to each other by finely-indented sutures, and bear the impress of the horny scales or tortoise-shell, with which they were originally covered. The expanded ribs are united together throughout the proximal half of their length, and gradually taper to their marginal extremities which are protected by the plates of the osseous border. Mr. Bell considers the species to which it belonged as being closely allied in form to the common European emys, and as possessing a truly fluviatile or lacustrine character. The plates of the plastron, however, as also the coracoid bone, resemble more of the corresponding bones of marine than of fresh-water turtles.

Researches tending to prove the Non-vascularity of certain Animal Tissues, and to demonstrate the peculiar uniform mode of their Organisation and Nutrition. By Joseph Toynbee, Esq. Communicated by Sir Benjamin C. Brodie, Bart., F.R.S.

In the introduction to this paper, the author first speaks of the process of nutrition in the animal tissues which are pervaded by ramifications of blood vessels; pointing out the circumstance, that even in them there is a considerable extent of tissue which is nourished without being in contact with blood-vessels. The knowledge of this fact leads us to the study of the process of nutrition in the non-vascular tissues; which tissues he divides into the three following classes; namely, first, those comprehending articular cartilage, and the cartilage of the different classes of fibro-cartilage. Under the second head he comprises the cornea, the crystalline lens, and the vitreous humour; and, under the third, he arranges the epidermoid appendages; viz., the epithelium, the epidermis, nails, and claws, hoofs, hair, and bristles, feathers, horn, and teeth.

The author then proceeds to show that the due action of the organs, into the composition of which these tissues enter, is incompatible with their vascularity. In proof of the non-existence of blood-vessels in these tissues, he states that he has demonstrated, by means of injections, that the arteries, which previous anatomists had supposed to penetrate into their substance, either as serous vessels, or as red blood-vessels too minute for injection, actually terminate in veins before reaching them; he also shows that around these non-vascular tissues there are numerous vascular convolutions, large dilations, and intricate plexuses of blood-vessels, the object of which he believes to be to arrest the progress of the blood, and to allow a large quantity of it to circulate slowly around these tissues, so that its nutrient liquor may penetrate into and be diffused through them. The author states that all the non-vascular tissues have an analogous structure, and that they are composed of corpuscles, to which he is induced to ascribe the performance of the very important functions in the process of their nutrition, of circulating throughout, and perhaps of changing the nature of the nutrient fluid which is brought by blood-vessels to their circumference. The author then brings forward facts in proof of the active and vital properties of these corpuscles, and concludes his introduction by stating, that it appears to him that the only difference in the mode of nutrition between the vascular and the non-vascular tissues is, that, in the former, the fluid which nourishes them is derived from the blood that circulates throughout the capillaries contained in their substance; whilst, in the latter, the nutrient fluid exudes into them from the large and dilated vessels that are distributed around them; and that in both classes, the particles of which the tissues are composed derive from this fluid the elements which nourish them.

The author then enters on an examination of the structure and mode of nutrition of the several tissues of each of these three classes. In considering the first class, he commences with articular cartilage, which he describes at great length in the various stages of its development, and at the different periods of life. He gives in detail the account of numerous

dissections of the ovum and fœtus illustrating the first stage, during which he shows that no blood-vessels enter into the substance of any of the textures composing a joint; but that the changes its component parts undergo are affected by the nutrient fluid from the large blood-vessels, by which, at this stage, each articulation is surrounded. In the second stage of the development of articular cartilage, the author shows, by numerous dissections, the process by which the blood-vessels are extended into the substance of the epiphysal cartilage, and converge towards the attached surface of articular cartilage, and how, at the same time, blood-vessels are equally prolonged over a certain portion of its free surface. He shows that none of these blood-vessels enter the substance of the articular cartilage, and he points out that in them the arteries become continuous with the veins; first, by their terminating in a single vessel, from which the veins arise; secondly, by their forming large dilatations from which the veins originate; and, lastly, they become directly continuous with the veins in the formation of loops of various characters. In the third stage, that which is exhibited in adult life, the epiphysal cartilage is converted into osseous cancelli. These contain large blood-vessels, which are separated from the articular cartilage by a layer of bone composed of corpuscles; and the author believes that the principal source of nutrition to this tissue is the nutrient fluid which exudes into it from these vessels, by passing through the articular lamella just noticed. The free surface of adult articular cartilage is nourished by vessels which pass to a slight extent over it. The author points out the presence of fine tubes which pervade the attached portion of adult articular cartilage, to which he ascribes the function of transmitting through its substance the nutritive fluid derived from the vessels of the cancelli. He also advances the opinion that the articular cartilage becomes thinner during the whole of life, by being gradually converted into bone.

Fibro-cartilage constitutes the second tissue of the first class. The author first enters upon an examination of its structure; and in order to arrive at some definite conclusions on this subject, whereon anatomists of all ages have so much differed, he made numerous dissections of fibro-cartilages in the different classes of animals, at various periods of their development, the results of which he details. He arrives at the conclusion that this tissue is composed of cartilaginous corpuscles and of fibres; the latter preponderating in adult life, the former in infancy; and that during life, the corpuscles are gradually converted into fibres. He enters at length into the question of the vascularity of these cartilages; and from a careful study of many injected specimens of man and animals at various periods of their development, the particular results of which he relates, he believes that blood-vessels are contained only in their fibrous portion, and have the function of nourishing that which is cartilaginous, and which, on account of its being subject to compression and concussion, does not contain any.

Among the second class of extra-vascular tissues, the cornea is first treated of; and its structure is described as being very lax, and as containing corpuscles only in a small quantity. The opinions in favour of its vascularity are combated; and it is shown that the blood-vessels which converge to its attached margin, and which are the principal source of the fluid that nourishes it, are large and numerous, and that at the circumference of this tissue the arteries, without any diminution of their calibre, return in their course, and become continuous with the veins. A second set of vessels, devoted to the nutrition of the cornea, is also described; they extend to a short distance over the surface of the tissue, but do not penetrate into its substance.

The crystalline lens is described as being composed of corpuscles, of which the radiating fibres are constituted. The arteria centralis retinæ is described as ramifying over the posterior surface of the capsule, where it forms large branches; these pass round the circumference of the lens, and reach its anterior surface, at the periphery of which they become straight: the arteries terminate in loops frequently dilated, and become continuous with the veins. With respect to the vascularity of the vitreous humour, the author states that although many anatomists have, in general terms, represented the arteria centralis retinæ as giving off, in its course through this organ, minute branches into its substance, still those who have paid especial attention to the subject have not been able to find such vessels. He believes that the nutrition of this structure is accomplished by the fluid brought to its surface by the ciliary processes of the choroid, which fluid is diffused with facility through its entire substance by means of the corpuscles of which its membrane is composed, assisted by the semifluid character of the humour.

The third class of extra-vascular tissues comprehends the epidermoid appendages. The author describes them all as composed of corpuscles, which are round and soft where they are in contact with the vascular chorion, compressed and flattened where they are farther removed from it. He points out, in the substance of the hoof of the horse, the existence of fine canals, which he supposes to conduct fluid through its mass; and he states that the perspiratory ducts of the human subject possess a structure analogous to the spiral vessels of plants. The author describes each of the tissues of this class at length, and shows that the various modifications presented by the vascular system with which each is in contact, have the sole object of enabling a large quantity of blood to approach and circulate slowly around them. He also points out, in connection with this subject, the remarkable vital properties which are possessed by these non-vascular tissues.

In concluding this paper, the author states that his object has been to establish as a law in animal physiology, that tissues are capable of being nourished, and of increasing in size, without the presence of blood-vessels within their substance. He shows the analogy which is presented between the extra-vascular animal, and the extra-vascular vegetable tissues. He expresses a hope that the application to surgery of the above law, with reference to the prolongation of blood-vessels into the extra-vascular tissues during disease, and to pathology in the investigation of the nature of morbid structures, particularly of those classes which contain no blood-vessels, will be not devoid of interest, and will be productive of some advantage.

On the Anatomy and Physiology of certain Structures in the Orbit, not previously described. By J. M. Ferrall, Esq. M.R.I.A. Communicated by Sir Benjamin C. Brodie, Bart., F.R.S.

Mr. Ferrall's paper was originally published in the Medical Press, Vol. V., p. 148.

CASE OF SPASMODIC AFFECTION OF THE LARYNX AND ITS APPENDAGES, CURED BY THE EXTERNAL APPLICATION OF VERATRIA.

By James Tunstall, M.D.

(Read at the York Meeting of the Provincial Medical and Surgical Association.)

As it is of the first importance that each successful application of a new remedial agent should be com-

municated to an association like ours, whose object is the improvement of medical and surgical science, I shall proceed, without circumlocution, to state the result of my labours in the cure of one of the most distressing and painful cases of spasmodic disease it has ever been my lot to witness.

Mrs. Stokes, the subject of the following observations, is of a leucophlegmatic habit, spare frame, and short in stature; a schoolmistress by profession; temperate, and a widow without issue; her age is forty-four. Several years have elapsed since she underwent an operation for the removal of her breast, which was attended with complete success. She has always been in delicate health, and says that when a young woman she had a violent and dangerous attack of pleurisy, the bleedings necessary for the cure of which left her in such a weak state that she considers herself never to have regained her strength, and to this she attributes the violent attacks which are more immediately to engage our attention.

Suddenly, and without previous premonitory symptoms, she is seized with a sense of suffocation, the whole of the muscles employed in respiration are put into violent and convulsive action, the lower extremities become cold, the face purple, the jugular veins enlarge and feel cordy to the touch; the whole surface is bedewed with cold perspiration, and the countenance is expressive of death-like agony. She is perfectly sensible during the whole attack, having never been feverish or delirious. The fit terminates usually in ordinary dyspnœa, which lasts for hours or even days, according to the violence of the attack, leaving her in her usual health.

The pulse, during the attack, is but little affected, either in force or frequency of beat; examination of the chest by auscultation shows that the air does not permeate more than about one-third of each lung, no sound being detected lower than the fifth or sixth rib on each side; this sound is the crepitating rattle, giving place, as the fit subsides, to a general bellows sound throughout the lungs; the heart is smaller than natural; it labours as though its action had been weakened by the too frequent and indiscriminate abstraction of blood, but it affords no abnormal sounds; the pulse is about 60, varying to 75.

On examining her arms, few veins are discoverable, and these mere threads; each presents numberless scars caused by the lancet, in every direction, hand, fore-arm, and elbow, while numerous scars from cupping encompass the neck, back, and chest.

In June, 1840, I was requested to visit her: she was then labouring under one of her attacks, which were described to me as asthmatic; on asking where the constriction existed, she clasped her throat. I carefully examined her, and felt convinced that it was a case of spasmodic affection of the laryngeal nerves.

Upon inquiry I found that every variety of depletion and counter-irritation had been employed; that the strongest opiates and antispasmodics had failed in procuring the slightest mitigation of the symptoms, which could only be expected from time and the most perfect rest. I found that the usual cause of the attack was violent mental emotion, or any over-exertion in her duties as schoolmistress.

Having thus, as I considered, detected the cause, and as far as possible ascertained the seat of the disease, I immediately commenced an investigation into the proper mode of treatment, but could suggest nothing but what had been repeatedly and vainly tried before.

About this period I received Dr. Stephenson Bushnan's letter to the members of the association, recommending the use of the ointment of veratria in the treatment of dysmenorhœa. If, said I, this latter complaint is produced by a perversion of the nervous action of the lower portion of the spinal nerves, and if good effects follow the application of veratria to the sacrum, surely this case, which is characterised by undue nervous excitability of the superior and cervical portion of the spinal marrow, ought to admit of the same mode of treatment, the diagnosis being the same.

I therefore prescribed a scruple of veratria to one ounce of simple cerate, and directed that a small portion should be applied on each side of the cervical vertebræ, and rubbed well into the neck, throughout its whole extent, twice a day. About a fortnight after commencing its employment, she had an attack of what she said would have been her old complaint, but she repeated the ointment as soon as she felt it coming on, and it terminated in simple dyspnœa, without spasm or expectoration, in an hour or two.

She persisted in its use about two months, during which time she had several attacks of winter catarrh, but without spasm; she discontinued its employment in December, and from the 21st of October, the day on which it was first prescribed, to the 20th of June, she had no return whatever of her spasms, but recovered her health so well that she was enabled to walk eight miles without assistance, whereas, previously to its use, she rarely if ever left her residence, as it always induced a return of the spasm.

I shall not offer any remarks on the efficacy of the veratria in diseases attended by undue nervous excitability, or perversion of nervous action; but I am led to believe, by the result of the above case, the only one in which I have tried it, that it is a valuable addition to the materia medica, and one which may be safely employed for the relief of those distressing nervous affections which have hitherto baffled professional skill; I therefore leave this case in the hands of those who have a more ample field for professional research, my object being merely to state the result of my employment of the veratria, with a view to improve our practice in these and similar spasmodic affections.

Dawlish, July 15, 1841.

ON DIACETATE OF LEAD IN INTERNAL HÆMORRHAGE.

By W. Sweeting, Esq., Abbotsbury.

(Read at the York Meeting of the Provincial Medical and Surgical Association.)

The use of this remedy has been long known, but as far as my observations extend, it has been administered in inefficient doses, and with combinations which appear to me objectionable, and made upon wrong principles.

Four or five years have elapsed since I first administered this medicine, in what I consider an effective dose. My practice is to give it in five grain doses every two, three, or four hours, according to the exigency of the case. The last case in which I employed the diacetate, was one of uterine hæmorrhage, consequent upon abortion. The woman had miscarried the day before I saw her; she had lost a large quantity of blood, and the hæmorrhage was still going on; she was pale, restless, sick, and the pulse scarcely perceptible at the wrist.

I immediately gave her five grains of the diacetate dissolved in distilled water, and repeated it every hour for twelve consecutive hours, and, upon an abatement of the hæmorrhage, continued it every four hours for the next twenty-four. The woman recovered.

The diacetate should be rubbed up with a few drops of concentated pyroligneous acid, in order to insure a complete solution of any carburate of lead, distilled water added, and the whole filtered through

paper: with these precautions no ill effects need be feared.

A young gentleman labouring under typhus fever was attacked with diarrhœa, and discharge of blood from the bowels; the diacetate in the full dose was administered, and both hæmorrhage and diarrhœa restrained after two doses. He recovered.

About two years since, I was called to a man in this village, labouring under a clearly-marked case of Asiatic cholera. He had been attacked at seven in the morning, but I was not sent for till noon, when I found him pale, pulseless, cold, and all but in that frightful state of collapse denominated the blue stage. I gave him five grains of the diacetate immediately; the draught was at once rejected. I then administered one grain every ten minutes, in a teaspoonful of acidulated water. After he had taken the medicine for the space of two hours, the spasms wholly left him, with every symptom of immediate danger, and the man speedily recovered.

Dr. Graves of Dublin has recommended the diacetate in cholera, in combination with opium, and at longer intervals than I employed it. It will be a satisfaction to me, that others whose situations furnish opportunities of making more extensive inquiries into the use of the diacetate, follow up the practice herein recommended, the hope of exciting which inquiry has induced me to trouble you with this communication.

August 4, 1841.

OBSERVATIONS ON TWO MEMBRANES OR FASCIÆ, CONNECTED WITH THE MUSCLES OF THE HUMAN EYE.

By P. Bennett Lucas, Esq., Surgeon to the Metropolitan Free Hospital, Lecturer on Surgery at the Hunterian School of Medicine, &c.

(Read before the Medical Section of the British Association, August 2, 1841.*)*

To a treatise "On the Cure of Strabismus, or Squint, by Operation," which was published more than a year since, I prefixed some observations on the anatomy and physiology of the muscles of the human eye.

In examining these parts in man, and in some of the lower animals, I was struck with the existence of two fasciæ, to which I gave the names of *subconjunctival* and *submuscular*.

In the treatise I particularly dwelt upon the necessity of being well acquainted with these structures, before the surgeon attempted to perform the new operation for the cure of strabismus, and I described them in these words:—"Behind the conjunctiva there exists a quantity of loose cellular tissue; upon carefully removing which, a denser layer will be found immediately to cover the orbital aspects of the recti muscles, and to pass along their expanded tendons to the sclerotica, with the anterior surface of which it is in intimate contact, and is traceable along it to the circumference of the cornea, becoming thinner and more identified with the sclerotica as it gains this point.

This subconjunctival fascia, although exceedingly delicate, is sufficiently strong to offer considerable resistance to even a slightly blunted instrument; and as, in addition to its passing from all the recti muscles to the sclerotica, it also passes from the anterior surface of one muscle to another; it is of importance to be aware of its existence in performing an operation for the section of the tendons of the recti muscles. Unless the subconjunctival fascia be torn through or divided, the passage of an instrument beneath any of the tendons will be attended with difficulty.

"In several eyes, which I have lately examined, this fascia presented different degrees of strength, such as we find to be the case in our examinations of the fascia Cooperi; and this anatomical fact most satisfactorily explains the case with which, in some cases, an instrument can be passed beneath the tendon of the inner rectus muscle preparatory to its section, and the difficulty which accompanies this proceeding in others.

"There exists another fascia in connexion with all the muscles of the eye-ball, which is deeper seated, of a more uniform density, is much stronger, and of equal importance with that I have just described. It is expanded beneath the muscles and their tendons, passing from one to another, and covering the masses of fat which envelope the posterior part of the eye-ball. This submuscular fascia is easy of demonstration. The eye and its appendages, with half an inch of the optic nerve, should be removed from the orbit and placed upon a plate, the cornea being downwards. The masses of fat, together with the loose cellular tissue and blood-vessels, should be carefully dissected away, and the muscles be turned forwards towards their insertions, not dissected as if with a view of exposing their appearance, but merely expanded upon the surface of the plate.

"If the neurilema of the optic nerve be now examined, it will be found covered with a fine fascia, which can be easily raised with a forceps, and with little difficulty can be traced off the neurilema to the sclerotic coat at the point where the nerve enters. It will be now found to cover the posterior aspect of the sclerotica, and to advance as far as the insertions of all the muscles of the eye; at these points it turns upon itself, lines the ocular surfaces of the muscles, and passes backwards along them to where they surround the optic nerve.

"The submuscular fascia, like the subconjunctival, passes also from one muscle to the other, and forms a strong, continuous, double circular membrane behind them, the masses of fat, enveloped with their own proper cells, being placed between its layers.

"It also affords considerable resistance to the passage of an instrument beneath the tendons of the muscles, and in operating upon them requires to be fairly divided.

"In the eyes of young subjects, I have never found either the subconjunctival or the submuscular fasciæ as strongly developed as in the adult, and in this they resemble the tunica sclerotica, and the muscles themselves.

"The degree of development of both these fasciæ, in some cases I operated upon for the division of the internal rectus muscle, was very great, and was quite sufficient, after the muscle was fairly divided, to give the eye an inclination inwards; when I divided this tense structure, the eyes became perfectly straight. Contractions of other fasciæ of the human body, as the plantar and palmer, are so frequent as constantly to call for operation; and the development and contracted state of the subconjunctival and submuscular fasciæ resemble these, and require careful examination before the surgeon pronounces that he has succeeded in curing a squint, after he has divided the tendon of the muscle."

Amongst the many favourable notices which the medical periodicals made of the volume from which I have taken the extract just quoted, I wish particularly to refer to that contained in the Dublin Medical Press for October 28, 1840, as in that publication these two fasciæ are especially noticed; and although the reviewer is somewhat sceptical as to their existence, yet the mere notice of them in a journal—one of whose conductors, Dr. Jacob, is so eminently distinguished as an oculist and an anatomist—at all events gives me the credit of discovering and of describing such, if they do exist.

The writer in the Dublin Medical Press, says, "Mr. Lucas thinks he makes out two fasciæ, the existence of which may cause embarrassment in the operation. Not being partial to fascias in general, we must refer to the work for an account of them, and recommend our readers not to be much intimidated by the obstacles they may present in operation."

Now, since my first description of the subconjunctival and submuscular fasciæ, and since the notice of them in the DUBLIN MEDICAL PRESS, other descriptions of the same structures have been published both at home and abroad, and published as original. I shall rest satisfied with the evidence I have adduced in support of my own claim to having described them a year and a half ago, and to my having, in an especial manner, drawn the attention of the practical surgeon to their existence.

When I first described the two fasciæ in my treatise on strabismus, I did not venture an opinion as to their physiological uses, or as to their properties; I merely described them to exist, and considered them in their bearings to operative surgery alone.

The main object of this paper is to place on the records of the British Association the existence of these fasciæ, and to inquire into their physislogical uses and vital properties—points which cannot but be of great interest, as bearing on the actions of a group of muscles which have at all times been looked upon with the liveliest interest, and have, moreover' been the subject of many controversies. The subconjunctival fascia, like the subcutaneous fascia of the neck, the groin, and other regions, presents many degrees of density in the different subjects in which it is examined. It is present in all, but in the young subject it is very delicate. It is composed of condensed cellular tissue, and possesses elasticity. From its intimate connexion with the muscles of the eye, added to its elasticity, it keeps them expanded, and enables them to produce those varied and delicate movements of which the organ is capable.

When it is considered that the muscles of the eye are long and delicate, and have, with one exception, to pass from the depth of the orbit to its circumference, the advantages of their being supported and kept in an expanded state becomes obvious. If this were not the case, the eye would be abruptly pulled about in the orbit, and that steady, uniform, and perfect movement which it enjoys, would be more or less limited. We have numerous other instances in the human body, of delicate and long muscles being supported in their movements by special fasciæ; thus the delicate and long muscles of the neck, as the omo-hyoid, the sterno-hyoid, the thyro-hyoid, &c., are bound to their regions by what has been properly called cervical fascia; and when this covering is removed from them, and the muscles are, as it is termed, "dissected clean," the most erroneous opinions are often formed by the novice in anatomy, of their uses and relative positions.

In some cases of strabismus in which I operated, I found the subconjunctival fascia very dense and adherent to the conjunctiva and the muscles, and in more than one instance I traced this condition to the persevering application to the eye of powerful collyria. In one case, which I have mentioned elsewhere, the strabismus took place in the adult suddenly, and, besides many other remedies, stimulating collyria of various kinds were assiduously persevered in for months. When I divided the inner rectus muscle in this case, I had afterwards to divide freely the fascia again and again, until the eye was restored to a proper position. A surgeon, whose opportunities of operating in strabismus have been limited, might readily mistake the subconjunctival fascia for the conjunctiva itself, after the incision of this latter membrane has been made; for, on dividing the conjunctiva, its edges separate, and on dividing the fascia, its edges also retract. In some cases, it is necessary to divide freely, and even to remove portions of the subconjunctival fascia; in no case is it necessary to deal with the conjunctiva after this fashion; it is therefore of importance to have a test by which we can distinguish the one from the other; this test will be found in the extreme sensibility of the conjunctiva, if it should be seized in the forceps, and the absence of pain when the fascia is thus laid hold of. I have repeatedly cut away a portion of the subconjunctival fascia, sufficient to cover half my thumb nail, without the patient being sensible of my proceedings.

The submuscular fascia is very elastic in the recent eye, and is attached behind to the sclerotica, at the point of entrance of the optic nerve, and anteriorly it is connected to the same membrane at the points of attachment of the muscles. It is not in intimate relation to the muscles until it arrives near to their insertions. This fascia also possesses a high degree of elasticity, and forms rather a membranous sheath for the sclerotica, than an expansion for the muscles; it takes the form of the eye-ball, and acts the part of a membranous cup for the organ to move in, separating it from the bellies of the recti muscles, and covering the ciliary nerves as they pass onwards to pierce the sclerotica. In the dead eye, more or less fluid will be found to exist between this cup-like membrane and the eye-ball, which always enables the anatomist to separate one from the other with the greatest facility. That effusion to a considerable extent sometimes takes place between this membrane and the eye-ball, there can be little doubt; and how far in such cases the surgeon would be justified in giving it exit by puncture, is a question that must be decided by future experience, but about the propriety of doing which I at present entertain the highest opinion as to utility and practicability.

REVIEWS AND NOTICES OF BOOKS.

ESSAYS AND HEADS OF LECTURES ON ANATOMY, PHYSIOLOGY, PATHOLOGY, AND SURGERY. By the late ALEXANDER MUNRO, Secundus, M.D., F.R.S.E., upwards of fifty years Professor of Anatomy and Surgery in the University of Edinburgh; with a Memoir of his Life, by his Son and Successor. 8vo., pp. 132.

IT is a satisfaction and relief, at this hour of the day, to turn to such a work and such an author as this before us. It brings us back to the period when anatomy and physiology were studied and taught by honest and sincere cultivators of science, who laboured in the field with a view as much to its improvement as to the establishment of their own characters. Not such characters as are admired now-a-days—not anatomical hair-splitters and physiological charlatans, itinerant "*sçavans*," or academic coxcombs, but investigators of truth and recorders of plain matters of fact. It brings us back to a contemplation, in other words, of the Hunters, the Munros, the Scarpas, the Meckels, the Cruikshanks, the Hewsons, and fifty others; from the nausea of modern quackery and puerile novelty-hunting. Again it brings us back to a period when the pursuits of the anatomist and physiologist were not only honourable but profitable; from one in which they are neither the one nor the other.

For the information of worthies who rely on an anatomy-made-easy and a medical vade-mecum, with a sheaf of certificates and the help of a grinder to complete their professional stock in trade, it is necessary to state that the author before us is the second of three professors who have for more than an hundred years filled the chair of anatomy in the Univer-

sity of Edinburgh, and who have honestly and diligently, and therefore successfully, laboured in the cultivation of anatomical science; and for the information of those who have read, it is only necessary to state it is the second Munro's works which they are invited again to study, with the assistance of copious notes by his worthy and learned son the present professor.

The volume before us contains the observations, researches, and opinions, on the nervous system, bursæ mucosæ, testis, kidney, lachrymal gland, gravid uterus, effects of opium, physiology of fishes, lymphatics, eye, ear, and numberless other matters, both theoretical and practical, which our limits do not permit us to enlarge upon; and it only remains for us to say that if any medical man now buys books, which we learn from the booksellers, is doubtful, he cannot lay out seven or eight shillings to greater advantage than in the purchase of this, provided always that he reads the book when he buys it.

BOOKS RECEIVED.

Three Memoirs on the Developement and Structure of the Teeth and Epithelium, with Diagrams. By Alexander Nasmyth, F.L.S, &c.

On the Construction and Management of Hospitals for the Insane, with a Particular Notice of the Institution at Siegburg. By Dr. Maximilian Jacobi.—Translated by John Kitching, with Introductory Observations, &c., by Samuel Tuke.

POOR-LAW INTELLIGENCE.

South Dublin Union.—At the weekly meeting of the board of guardians, held on the 19th instant, a rate of 5d. in the pound was proposed for the rural districts.

Mr. Askins, in seconding the motion, said that it was scarcely worth the while of the collector to look for a less rate than 5d. in the pound. It was no matter whether the amount was 5d. or 2d., for what remained unexpended would be to their credit.

Captain Nowlan protested against the proposed rate, as many of his constituents might pay £12 10s. who could not afford to pay £25.

Mr. Lentaigne considered that although a rate of 5d. might not be wanted, the expense of collection and of making out the books would be nearly as great for a lesser rate.

The proposition was then put and carried, Captain Nowlan dissenting.

It would thus appear that, in addition to the other advantages conferred by the poor-law commissioners on this country, they are now to be, *nolens volens*, the bankers of the rate-payers.

Tullamore Union.—At the monthly meeting of the board of guardians, held on the 19th instant,

Mr. Bagot said, that in pursuance of the notice of motion which he had given on the last day of meeting, he now begged to propose the following resolution:—"That one shilling for each successful case of vaccination for the first 200, and 6d. for every additional case, shall be adopted as the terms for vaccination in this union."

Mr. Dillon having seconded the motion, it was passed unanimously.

In answer to a question from a guardian, the clerk stated that, by a resolution of the 9th of December last, the remuneration was limited to 6d. each, which terms the local medical practitioners, though solicited, refused to accept.

TO SUBSCRIBERS.

Gentlemen in arrear are requested to forward their subscriptions to this office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 25, 1841.

PRESENT PROSPECTS OF MEDICAL REFORM.

Our friends in the provinces may feel little inclination to revert to the subject of what has been called medical reform, so unsatisfactory and unproductive have the exertions of those who advocate it, hitherto been; we must, however, use our best endeavours to "bring them once more to the breach," convinced as we are that the prospects of success, so far from being clouded are brightened, and that whatever may be supposed to the contrary, the realization of the hopes of moderate men, at least, are not far distant. We have had repeatedly to remind our readers residing beyond the influences of the metropolis, that, although they may suppose the contrary. they are the parties most interested in the matter. Of this we are so firmly convinced that we shall never lose an opportunity of urging its truth. We have maintained and shall still continue to maintain that the great evil of the present vicious system is the "*swamping*" of our profession by the hordes of pretenders who contemplate seeking an asylum in it, and who are beckoned on by those who derive a livelihood from supplying them with the means of thus inflicting an injury on society in general, and on our profession in particular, while it entails certain misery upon the unfortunate victims themselves. We repeat it, the great evil is the desperate competition now worse than ever existing in the trade in diplomas, and the determination openly avowed to persevere in the present system, as long as the law permits. This being the case, the consequence must be, as we have said, that the members of our profession residing in the provinces must be the sufferers henceforth. The metropolitan and other great towns are glutted, the evil there begins to cure itself, but the country is still open to the enterprize of those, who are deterred from settling in other localities. We shall have not less perhaps than an hundred, or an hundred and twenty practitioners added to the crowded ranks of our profession this summer, and these must, if they practise at all, enjoy their income at the expense of those already established.

Let us however be understood. Let it not be supposed, that we advocate any change, which contemplates the exclusion of competent and qualified persons from our profession, or that we call for artificial restraints to create an artificial condition of it. On the contrary, we insist, that one of the first objects of medical reform should be, to wrench from the corporations, the power so injudiciously and fatally committed to them, by which they are empowered to

deny the honours, privileges, and emoluments of our profession, to well qualified and well educated men, because they have not complied with certain orders, direct or indirect, by which the pecuniary resources of these corporations are maintained. No, we are anxious to impress on those most interested, the evil consequences of a system which places the ignorant and unqualified on a level with the well informed and competent, and thus lowers every member of our profession, by comparison, in public estimation. We are anxious to convince the medical practitioners in the provinces, that they are deeply interested in putting a stop to a system, which, if allowed to continue for a few years, will degrade the character of the medical profession so far, that those who now pride themselves upon it, will blush to be identified with it.

While we thus endeavour to enlist our friends in the provinces, as advocates and supporters of the measures we allude to, we can assign some good reasons why they should be so. We are glad to have it in our power to inform them, that the late unceremonious, marked, and we will add offensive display of contemptuous disrespect exhibited toward the advocates of medical reform, by the defunct House of Commons, has had an effect the very reverse of what might have been anticipated. Many members of our profession, of high standing and character, who conscientiously opposed certain contemplated changes, were not, and are not, prepared to oppose all alteration; but on the contrary, declare that some salutary change has become absolutely necessary; and express their willingness to co-operate with those who advocate the accomplishment of practicable improvements. This class of medical reformers, for so we venture to call them, while they object to the sweeping and perhaps impracticable measures proposed by Mr. Warburton and Mr. Hawes, on the other hand, we think, join us in laughing at the *panacea* of the London College of Physicians, which cures all evils by throwing open the portals of the temple of Æsculapius in Pall Mall, to the uninitiated. In fact we do think that we may venture to congratulate the friends of medical reform in Ireland, on the prospect of assistance from quarters not heretofore favourable. In other words, now that feelings, excited under much misapprehension, have subsided; those sentiments of regard for the interests of the profession which every man who successfully practises must entertain, begin to operate, and consequently opinions and determinations are avowed which have been for some time suppressed.

All this is, however, only by way of beginning. The tangible practicable measure remains to be discovered, and when found may not be so easily accomplished. One thing is quite clear. As far as regards Ireland, the improvement of her medical institutions has been lamentably retarded by the difficulty which has repeatedly occurred of adopting changes salutary to them, which shall not militate against the pecuniary interests of the Scotch and English Colleges, so far as they are derived from this country. Whatever advantage, or, however necessary to Ireland, contemplated changes might be, they are denied because they might diminish the amount of money paid to the Colleges of London, Edinburgh, and Glasgow, by Irish students. That is the real fact, and we fearlessly assert, and announce it because we are firmly convinced that if it were not for this circumstance we could without difficulty put the medical institutions of Ireland at once into a salutary condition and save the profession, even now, from the degradation which threatens it. Again, in the cause of reform, Ireland has nobly done her duty, but has she been seconded by England and Scotland? with grief we admit that she has not to the extent which was anticipated. It is true that there are both associations and individuals on the other side of the channel, most anxious and sincere in their exertions in the cause, but there are also one or two leaders whom chance has placed at the head of certain masses of the profession, who appear to rest content with the present state of affairs. Thus, not only is there much apathy, but at the late meeting of the Provincial medical association at York, there was on the part of these individuals, if not a display of actual hostility to any effectual measure for the improvement of the medical institutions and the profession at large, at least an exhibition of inclination to recede from former engagements as to this matter. The marked disinclination of Dr. Hastings, the secretary of the Association, to admit of any co-operation with other bodies, and his flat refusal to allow any portion of the very large fund, under his controul, to be applied to forward this object, must be accepted as a declaration, if not of opposition, at least of neutrality. We must be pardoned for speaking thus freely of the conduct of the executive, to which this association has delegated its powers, and entrusted its ample funds, but our duty does not permit us to pass unnoticed the difference between the conduct pursued at Liverpool and Southampton, when the cause of reform was in its ascendancy, and that pursued at York, when it appeared to be on the wane.

All this considered, the friends of medical reform in England and Scotland, cannot complain if those in Ireland, while they cordially co-operate with them in their efforts to obtain a general measure, should at the same time, apply themselves to the labour of constructing such a plan, as will place the medical institutions of this part of the empire in a healthy condition, and save the profession at large, in it, from the degradation, which the present state of disorganization threatens.

That such a plan can be constructed and that this must be its salutary operation we have no doubt, and we are convinced that the time and circumstances are favourable to it. We have said, and we believe on good grounds, that many hitherto opposed to change, or neutral or careless respecting its importance are now convinced of its necessity, and that henceforward we may rely, in Ireland at least, upon support from quarters heretofore unproductive. Nay, we venture to hope that some modification of the plan proposed three years ago, for the union of the profession in Ireland and the removal of the injurious distinctions which exist in it, may now be proposed with better prospects of success. Even those who considered

that their interests pecuniary or otherwise were identified with the present state of things, have learned that they were mistaken and that they, as well as others, may be served by the changes which they so greatly feared.

DIVISION OF THE GENIO-HYO-GLOSSI MUSCLES FOR STAMMERING.

In a letter addressed to the editor of the *Lancet*, Doctor Alexander J. Lizars, of Edinburgh, details the following case:—

P. M., aged 35, had stammered from his infancy. The difficulty was evidently caused by spasmodic contraction of the muscles of the tongue and neck. The tongue, upon examination, was found to be shorter than natural. I operated in presence of my assistants, Messrs. Riccard and Hole, and two of my pupils, Messrs. Collyns and Tibbets.

The instruments employed were, a straight sharp-pointed bistoury; a curved probe-pointed bistoury, with the cutting edge about an inch long, the remainder of the blade being blunt; a four-headed sling, or roller; and a compress of lint.

The patient having been placed in the sitting posture; with the sharp-pointed bistoury I made a puncture, rather less than a quarter of an inch in length, through the integuments of the lower part of the chin, about an inch posterior to the symphysis. I then pushed the curved bistoury gently upwards and a little forwards, until I saw its probe elevating the mucous membrane of the floor of the mouth; placing the forefinger of my left hand upon the probe-point and mucous membrane, I turned the cutting edge of the instrument to the right, and divided the muscle of that side; the bistoury was then carefully brought back to the mesial line, and the other muscle having been divided in a similar manner, the instrument was withdrawn. The compress of lint was then placed on the wound, and the four-headed sling applied in the same way as is done for fracture of the lower jaw.

Very little blood was lost during the operation; and after its completion the hæmorrhage was entirely stopped by the compress and bandage. Every thing went on favourably; the bandage was removed on the third day, by which time the wound had healed: and the patient resumed his usual occupation on the fourth day.

Immediately after the operation, the patient experienced no difficulty in speaking, and the same has continued since. Upon examining the mouth after removing the bandage, blood was observed beneath the mucous membrane in the line of the submaxillary ducts; this was absorbed by the tenth day, and the patient was completely cured.

It will probably be asked, how do I know that I divided the genio-hyo-glossi, and not the genio-hyoidei at the same time. In answer to this I have to state, that about the time the operation was performed there were in my anatomical rooms various subjects in different stages of dissection; in some I directed my attention to the anatomy of these muscles with reference to this operation; upon others I practised the operation, and afterwards dissected the parts; and I found that by following the steps described, I had invariably divided the genio-hyo-glossi near their origin; and, with respect to the genio-hyoidei, a few of their internal fibres were cut, but three-fourths of them were entire.

MEDICAL INTELLIGENCE.

Deputations to Members of Parliament.—On Saturday last, a deputation from the Kilkenny Medical Association, consisting of Drs. Cullinan, Stirling, Lalor, and Cane, waited on Captain Bryan, M.P., at Jenkinstown. The object of the deputation was to secure the support of the gallant Captain for certain measures of medical reform about to be introduced before parliament. The deputation was most courteously received, and had a conference of considerable duration, at the close of which Captain Bryan requested that the association would communicate with him when the measures were brought forward, and assured them that he would attend in his place in the house, and give them every support which the merits of the question demanded. The deputation having partaken of the worthy Captain's hospitality, departed highly gratified at the result of their mission.—*Kilkenny Journal.*

Yesterday, George Duncan, Esq., M.P. for Dundee, was waited upon by a deputation of the Eastern Medical Association of Scotland, to solicit the support of the hon. gentleman, in favour of the important cause of Medical Reform. The deputation were much pleased with the cordiality of their reception, and the handsome manner in which Mr. Duncan promised to support the important measures of which they are the advocates.—*Dundee Warder.*

Memorandum—Horse Guards, July 29, 1841.—Medical staff officers are, when attached to regiments or depots on home service, entitled to military servants while thus employed, as in the case of regimental medical officers, instead of the regulated allowance of one shilling per day, which the former receive when not provided with servants from the ranks of the army.

Provincial Medical and Surgical Association of Scotland.—A special meeting of the Eastern Medical Association was held in the Watt Institution Library, Dundee, on Wednesday last to receive the report of a provisional committee appointed at the last annual meeting to draw up rules and regulations, by which the objects contemplated might be extended, as well as the district in which the Society carries on its operation. It was unanimously resolved that the principal object of the Association should for the future be the advancement of medical science and literature, as also the keeping of correct meteorological and statistical tables, &c. in different localities. The Society at the same time do not intend to abandon the consistent advocacy of medical reform. It was farther resolved that the Association, to mark its extended sphere, should in future be called the Provincial Medical and Surgical Association of Scotland. The members dined together in the British Hotel in the afternoon. The dinner and wines were in Mr. Stewart's usually excellent style.—*Dundee Courier.*

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, August 17, 1841.

Dr. Webster, President, in the Chair.

The minutes of the last meeting were read and confirmed.

The report of the deputation appointed to the late meeting of the Provincial Medical and Surgical Association at York was read.

Resolved unanimously, "That the report be adopted and received."

Resolved unanimously, "That the cordial thanks of the council be given to Drs. Webster and M. Hall, and G. Bottomley, Esq., for the efficient and able manner in which, as a deputation, they carried out the views of the British Medical Association."

The "Outlines of a Plan of Medical Reform submitted to the Council of the North of England Medical Association, and approved thereby," was read and considered.

A letter on Medical Reform, from Dr. Sinclair, of Manchester, was read and commented on.

The meeting then adjourned.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, AUGUST 19.—Council met.

Professor Macartney, F.R.S., was enrolled a member of the Association.

Resolved—That Professor Macartney be added to the Council.

Read a letter from Dr. Barry, of Rathcormac, enclosing the following note of the argument on his case, made on behalf of the Association :—

CORK SUMMER ASSIZES.

August 7, 1840.

Before Judge Ball.

When the medical presentments were laid before the Judge for his fiat, Mr. O'Hea moved the court, that the presentment passed by the grand jury for Dr. Barry of Rathcormac, should be sent back to them for reconsideration. It was a presentment for attendances by him on Coroners' Inquests, and what he complained of was, that the sum certified by the coroner to the presentment sessions for him, was cut down arbitrarily by the sessions, and the small and reduced sum so certified, was the sum passed by the grand jury. He contended, that under the section of the grand jury act, the presentment sessions had no such power, and certainly it was intolerable that such a discretion should be usurped by them. They could have no knowledge of the loss of time or trouble that the inquest may occasion to the medical man, and in this case, they acted on the most frivolous reasons.

Judge Ball—I have had frequent occasions to consider that section, and I think your view of it is perfectly correct, but still, I cannot assist you in your application. If I were to send back your presentment to the grand jury, they could not legally grant a farthing more than the sum agreed to by the presentment sessions; it would, therefore, be of no avail to do what you require.

Mr. O'Hea—But where the presentment sessions have done an illegal act, I submit the grand jury have no right to take cognizance of their conduct at all, but should pass the full sum presented for by the coroner.

Judge Ball—Oh, no, the grand jury cannot do that; they can only pass the sum agreed upon at the sessions; their duty is clear upon that point.

Mr. O'Hea—Then, my Lord, medical men are in this respect utterly without remedy, when they are illegally deprived of their rights.

Judge Ball—I would assist them if I could, but the law does not authorize my interference.

Mr. O'Hea—It is another of the many grievances to which medical men are subjected in legal proceedings, and demands the interference of the legislature.

PROMOTIONS.

MILITARY.—10th Foot—Assistant-Surgeon R. Wood, from the Staff, to be Assistant-Surgeon, vice Brodie, promoted.

23d Foot—Assistant-Surgeon J. E. Curry, M.D, from the 34th Foot, to be Assistant-Surgeon, vice Connell, promoted.

38th Foot—Assistant-Surgeon E. Le Blanc, from the Staff, to be Assistant-Surgeon, vice Foss, promoted.

96th Foot—Assistant-Surgeon W. Lucas, from the Ceylon Regiment, to be Surgeon, vice Shoreland, who retires on half-pay.

99th Foot—Assistant-Surgeon G. R. Smith, from the 65th Foot, to be Assistant-Surgeon, vice Byrne, promoted.

1st West India Regiment—J. G. Bowlby, gent., to be Assistant-Surgeon, vice Campbell, deceased.

Ceylon Rifle Regiment—Assistant-Surgeon W. K. Swettenham, from the Staff, to be Assistant Surgeon, vice Lucas, promoted.

Hospital Staff—C. Thompson, M.B., to be Assistant-Surgeon to the Forces, vice Swettenham; J. Frazer, M.D., to be Assistant-Surgeon to the Forces, vice Caw, deceased.

NAVAL.—Surgeons—A. Bryson, M.D., to the Madagascar; Wm. Roy, to the Siren.

Assistant-Surgeons—J. C. Bowman, to the Illustrious; J. D. Russell, to the Madagascar; J. W. Fletcher (additional), to the Queen; T. H. Graham, to the Tortoise; Wm. M'Mahon, to the Caledonia; J. Caldwell, to the Hastings.

A CASE OF EXTREME DISTRESS.

TO THE MEDICAL PROFESSION AND PUBLIC.

The Daughter of a Clergyman, Widow of a Medical Man, who died lately, of a malignant fever, leaving her and two female infants totally unprovided for; the eldest three years and four months—the other sixteen months. Her Husband held a Public Institution for twelve years, and discharged the duties of it to the perfect satisfaction of the supporters of that establishment; he lost his life by fever, caught in attending some poor patients of his Institution, was cut off in fourteen days, in the thirty-fourth year of his age.

Thus, in the prime of life was he snatched from his afflicted and distressed widow, and helpless little orphans. The mother, who is now deprived of every earthly comfort by his death, looks with hope and confidence to the Medical Profession and Public for some pecuniary relief or assistance, to enable her to adopt some plan for the support of herself and children. Her husband went to considerable expense to establish a society and fund for persons circumstanced as his poor widow now is, which, had it succeeded, would have prevented the necessity of such an appeal as the present: but it pleased Almighty God to arrest him by the hand of death, and leave his widow and helpless charge to the sympathy and generosity of the Medical Profession and Public.

The following gentlemen will substantiate the facts of this case, and thankfully receive subscriptions :—

Sir Henry Marsh, Molesworth-street; Surgeon Wilmot, 120, Stephen's-Green, West; Messrs. Boileau and Brothers, 88, Bride-street; Dr. Whitestone, 32, Frederick-street; Dr. C. P. Croker, 7, Merrion-square, West; Dr. Hendrick, 34, Grafton-street; Thomas Wilson, Esq, 12, Temple-street, or at the Bank of Ireland; Dr. Benson, 34, York-street; George Fleetwood, Esq., 122, Stephen's-green; Dr. M. Collis, 18, Merrion-sq., North.

	£	s	d
Dr. Collins, Merrion Square,	10	0	0
Thos. Wilson, Esq., 15, Temple-street,	5	0	0
Sir H. Marsh, Bart.,	3	0	0
A. Colles, Esq., Stephen's-green,	2	0	0
Dr. Croker, Merrion-square,	2	0	0
Sir Philip Crampton, Bart.,	1	0	0
Surgeon Wilmot, Stephen's-green,	1	0	0
Dr, Benson, York-street,	1	0	0
M. Collis, Esq., Merrion-square,	1	0	0
Dr. Montgomery, Molesworth-street,	1	0	0
Mr. Nicholls, Dawson-street,	1	0	0
Rev. John O'Rorke, by Dr. Croker,	1	0	0
Rev. Thomas O'Rorke, do.,	1	0	0
Miss O'Rorke, do.,	1	0	0
Dr. Cornwall, Killucan, by Dr. Benson,	1	0	0
A Friend, per Dr. Croker,	1	0	0
Dr. Hargrave, York-street,	0	10	0
Dr. L. per Dr. Croker,	1	0	0
Dr. Hutton, by Dr. Benson,	1	0	0
Dr. Purefoy, by do.	0	10	0
Dr. T. H. Purdon, Belfast, by do.	2	0	0
J. Smyly, Esq., Merrion-square	0	10	0
Dr. O'Grady, by Dr. Croker	1	0	0
A Friend, by do.	0	5	0
Dr. Tabuteau, Portarlington	1	0	0
Dr. Roe, Cavan	1	0	0
Arthur Hume, Esq., by Sir H. Marsh	1	0	0
Mr. Price, Grafton-street, by ditto	1	0	0
Dr. Nolan, Wicklow, by Dr. Benson	1	0	0
Dr. Butler, Sackville-street	1	0	0
The Bishop of Elphin,	1	0	0
Miss Alicia Sandys, Creenagh, county Longford, per Mrs. Warren,	1	0	0
Mr. Sleater, per Surgeon Wilmot,	1	0	0
Hon. Mrs. Montgomery, per Mr. Herron, Sackville-street,	0	10	0
Elijah Pring, Esq.,	1	0	0
Charles W. Dillon, Esq., Anne-st., Circular-rd.	0	10	0
Dr. Adams, Achill, per Dr. Trenor,	1	0	0
Rev. Charles Stanford, Claremont, Glasnevin, per Sir Henry Marsh,	1	0	0
Editors of the MEDICAL PRESS,	1	0	0

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Wednesday, August 25, 1841

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ACADEMY OF SCIENCES, PARIS.

REPORT OF THE COMMISSION ON GELATINE. BY M. MAGENDIE.

THE commission in whose name I have now the honour of reporting, has been ten years in existence, during which lengthened period it has sustained several changes, both by death and resignations. At present it consists of MM. Thenard, D'Arcet, Dumas, Flourens, Serres, Breschet, and your Reporter.

In 1832 the commission presented to the Academy, by its then organ, M. Chevreul, a report on the preparation and properties of the soup of the Dutch company. This report the Academy deemed important, as they ordered it to be published.

Since that period your commission have been frequently called on to present their final report, but always made answer that it was impossible to fix any date at which the experiments which were in progress would be completed: the Academy will now be in a predicament to decide whether time has been wasted by the commission, and whether all has not been done which, under the circumstances, it was possible to effect.

We must briefly advert to the circumstances which led to the appointment of the commission, now so well known by the appellation of the *Commission on Gelatine*, that this appellation should be retained, though gelatine was far, indeed, from being the exclusive object of their investigation.

It is well known how assiduously M. D'Arcet has been occupied, during 30 years, respecting the extraction of gelatine from bones, with the view of substituting it for flesh meat, especially in the preparation of broth and soup destined for the indigent. Despite the numerous obstacles which our colleague encountered, his efforts were never for a moment relaxed: his hopes, his convictions, still remain the same as they were in 1812, the epoch when his labours commenced.

M. D'Arcet, notwithstanding his zeal, his numerous publications, and the arguments which he unceasingly accumulated in support of his favourite idea, was unable to effect the general adoption of his views; on the contrary, he experienced the most active opposition; it was, and still is, maintained, not merely that gelatine cannot be substituted for flesh meat, but that it is a substance little, if at all, nutritious, and even that its use is, in some respects, prejudicial.

Our colleague, in vain, opposed his adversaries, by multiplying his proofs and arguments: counter-proof and counter-arguments were adduced. The discussion was pushed so far, became so warm, that both parties wished for the decision of the Academy on the matter. The Academy consented to arbitrate in this difficult and delicate question, and appointed the commission which is now about to render an account of its labours.*

From its formation, the commission saw that the question of the nutritive qualities of gelatine could not be limited to the preparation of soup intended for the poor; thus restricted, the problem would be culinary rather than scientific: its true judges would be the consumers.

The commission further refused to consider separately, each of the numerous memoirs referred to it by the Academy. Not only were those documents printed, and thus within the cognizance of the public, but the commission would thus have been hampered in the prosecution of its own proper researches. It

* M. D'Arcet, from an impulse of delicacy which all who know him anticipated, has abstained from taking any active or direct part in our labours; but was ever ready, with unwearied diligence, to afford any assistance which might facilitate our researches.

was determined to place the question on the widest possible basis, and your commission framed the following as the problem to be solved:—

Can we, by any economic process, extract from bones an aliment which, isolatedly or by mixture with other substances, may be substituted for flesh meat?

Embracing such a wide scope, the problem became one of immense importance, inasmuch as it involved no less a matter than to make known and furnish for consumption an article of diet, abundant, cheap, and hitherto neglected. And thence your commission, considering that it was composed of chemists, physiologists, and physicians, deemed it right to institute researches which might, perhaps, lead to the definitive solution of a problem so interesting to humanity.

The subject was divided into two parts. To one section of the commission was specially entrusted the chemical researches; to another those relative to physiology.

We now have the honour to submit to the Academy the general results of a labour which has been conducted, without interruption, for nearly ten years, and which, to complete the subject, should be continued still longer; but, as it is, we trust our labours will appear not altogether unworthy of attention, as they bear the special and distinctive characters that appertain to experimental researches—that is to say, results, unexpected, for the most part new, and some of them contradictory to received and plausible opinions.

It will also be seen how, the intention being to study gelatine in particular, we have been led to study the nutritive properties of several other constituents of alimentary substances, and that thus we have, in fact, been led into a study of alimentation generally, one of the most important, but yet amongst the most obscure points in physiology.

History of the Extraction and Employment as Food of Bone Gelatine.

The use of gelatine as aliment has been of old discussed by philosophers and economists. The Academy itself engaged in the inquiry a few years after its foundation, and again at a more recent period.

In 1680, a French physician, resident in England, announced in Paris that he had invented an instrument, by means of which "he could soften bones, and cook, in a much more perfect manner than had been hitherto practised, every kind of flesh meat, so that the hardest flesh of the oldest cow, for example, could be rendered as soft and sapid as the best meat." The apparatus capable of effecting such astonishing transformations was presented to the Academy, who witnessed it in action, and thus saw the first application of high-pressure steam to economic purposes. Need we say that this was the famous Papin's digester, and that the physician was Papin.

It does not, however, appear that the digester realised before the Academy the transformation of "the hardest flesh of the oldest cow" into soft and sapid aliment. Steam, even in the present acme of its power, has not performed that prodigy; but the instrument gave demonstrative proof that bones contained in their parenchyma a large quantity of jelly, much more, in fact, than that contained in the flesh itself. Thenceforward bones were regarded as a fruitful source of aliment; jelly being then regarded by many as the substance pre-eminently nutritive.

In the early periods of the French revolution, when philanthropy was the fashion, much was spoken of ameliorating the food of the people and of the army, and all thought that bones afforded a means of realising such speculations.

Many of the learned, amongst whom we may mention Proust, D'Arcet (the father of our colleague), Pelletier, &c., seriously examined this question, and all confirmed the statement that bones contained a very large amount of jelly; and these skilful chemists gave methods for facilitating its extraction and use.

Such a result, published at a period of such excitement, when every novelty, of what kind soever, was favourably received, excited in the literary and political circles an enthusiasm, the greater because of the lamentable effects of the then prevailing famine.—And in the instructions published by the then existing government, with the aim of promoting, amongst the people, the use of gelatine, we find the following assertions:—

"A bone is a cake of soup formed by nature.

"A pound of bones yields as much soup as six pounds of flesh meat.

"Bone soup, as regards its dietetic qualities, is preferable to that prepared from flesh.

"A bone needle-case, the handle of a knife, a dozen of bone buttons, are so many dishes of soup supplied for poverty."

In this phraseology, where hyperbola is pushed to its utmost limits, we discern the fact that "jelly" and "nutritive substance" were considered as synonimous terms. The relatively nutritious properties of flesh and bones were, without hesitation, measured by the quantity of gelatine which they respectively contained, and this notwithstanding that not an authentic fact, not a single experiment authorised the adoption of such an idea.

Cadet de Vaux, the author of the instructions just quoted—an ardent philanthropist, but a shallow philosopher—submitted to the Institute a memoir containing his views respecting the employment of bones, which was examined by MM. Guyton-Morveau, and Deyeux.

The report resulting from this examination could not have completely satisfied the author of the memoir. It was admitted that gelatine was nutritive, and might, to a certain extent, replace flesh in the preparation of soup (an admission, no doubt, great); but the reporters could not abstain from adding, "it is not demonstrated that the nutritive quality of an alimentary substance is measured by the quantity of gelatine it contains; for the flesh of young animals, though much more gelatinous than that of adult animals, is, nevertheless, less nutritious." Thus, while praising the zeal of the author, they confined themselves as their conclusion to requesting that "he might continue his researches respecting so interesting a subject, and neglect no means of removing the prejudices which were, perhaps, the cause that hitherto so little use had been made of bone gelatine, notwithstanding the numerous proofs of its utility adduced by Proust and D'Arcet."

At the period when this report was made (24 Messidor, An. X.), every thing contributed to the success of gelatine—the researches of philosophers, the approbation of the first class of the Institute, the patronage of the government, the general disposition to ameliorate the sufferings of the people, for everywhere were instituted philanthropic societies for the distribution of charitable assistance, but more especially for the supply of cheap soups. But yet it must be acknowledged that the use of gelatine was not extended, so far, at least, as we can discover, even among the indigent classes.

What was the reason of this? Was this one of those blind prejudices so often existing amongst the vulgar, and which reject all examination, any demonstration? This is not impossible; for it is not rare to see men guided by their passions, court wretchedness with as much ardour as is usually directed in an endeavour to ameliorate their condition.

It seems, however, difficult to admit that respecting

a matter so specific, so practical, so personal to each individual as that of food, that an entire people should agree in rejecting what was beneficial and salutary.

A simpler explanation of this popular repugnance may be, perhaps, found in the results of some experiments performed by D'Arcet. That philosopher, persuaded that gelatine is the essentially nutritive constituent in both bone and flesh, sought to ascertain what was the relative proportion of it contained in each. He ascertained that bone yielded, by decoction in water, a quantity of gelatine vastly greater than that obtained from flesh. But he also found that bone gelatine differed greatly in its physical properties from the gelatine of flesh.

"The latter" he says, "refreshes by its odour and pleases by its taste. Bone gelatine on the contrary is as insipid as gum or mucilage; it is simply nutritive, and thence requires seasoning, for seasoning is one of the conditions essential to aliment whether for man or animals."

Thus, according to D'Arcet, jelly of flesh is, as every one knows, agreeable to taste and smell; it is also reputed to be very nutritious, for it is given to the sick and the convalescent; while bone jelly is inodorous, insipid, and requires seasoning; as to its nuritive qualities, that chemist never for a moment called them in question—"it is," he says, "an elaborated gluten almost fit for discharging the functions for which nature has destined it." He never thought any more than his predecessors, of putting this fundamental fact to the test of experiment.

Need we then be surprised at the preference given by consumers, whether rich or poor, to soup made from flesh, to that prepared from bones? to a food agreeable and acknowledgedly nutritious, rather than to one without taste or flavour, recommended, indeed, as excellent aliment by some most respectable persons, but whose nutritious qualities had never been verified; in such a case the selection could not be doubtful.

Death removed M. D'Arcet before he could complete his interesting researches on gelatine; he bequeathed them to his son, and, to his honour be it said, never was a legacy more religiously cultivated.

In fact, his first chemical labours had gelatine for their object; and during nearly 30 years, he has never ceased to pursue the subject, and at present pursues it with, if possible, more ardour than in his youth.

It does not fall within our province to examine the numerous memoirs of our colleague, whether relating to the extraction of gelatine, or to its use as food. We may, however, state that M. D'Arcet has inherited his father's faith in the nutritive virtue of gelatine According to him the bones of four oxen, rightly applied, create a fifth, or to use his own expression, of four oxen we may make five, and thus augment in a very considerable proportion the best of human aliments.

Our colleague's reliance on the nutritious properties of gelatine was the more natural at the commencement of his career as his belief was shared with some of the most estimable learned men of that epoch. This reliance was confirmed by the following circumstances:—

The Philanthropic Society of Paris, to which body M. D'Arcet had proposed the admixture of gelatine with the food of the poor, propounded the two following questions to the Faculty of Medicine of Paris.

1. Is the gelatine of M. D'Arcet nutritious, and if so in what degree?

2. Is its use as food salubrious, or can it produce any ill effect?

The learned body appealed to, deemed it needless to answer the first question, considering it as perfectly determined. "There is no one," it is said in the answer, "who is acquainted with the properties of flesh, that is not convinced, that the nutritious properties which it communicates to soup are chiefly, if not entirely, due to gelatine."

To the second question it was replied, "that of forty individuals who during three months made use of soup prepared at La Charité, according to M. D'Arcet's process, not one manifested any symptom of any kind attributable to the gelatine: their diseases ran their usual course, and the convalescences were not longer than usual." It was thence concluded "that not only is gelatine nutritious, and easy of digestion, but it is also salubrious, and cannot, if used as M. D'Arcet proposes, produce any injurious effect on the animal economy."

It is obvious, that no precise answer was given to the very definite questions of the Philanthropic Society. To the question; is gelatine nutritious? and if so to what degree? it is replied that the question is determined, and that they do not consider it. To the query; is gelatine salubrious? the answer is, soup containing a certain proportion of that substance produces neither good nor bad effects.

The report of the Faculty then left the scientific question as it was, and doubtless the Philanthropic Society were of this opinion, as it did not adopt the proposal submitted to it.

The opinion of the faculty of medicine nevertheless exerted a great influence on the employment of gelatine. Several public establishments in Paris, as La Charité, the House of Refuge of M. Belleyme; the Military Hospital of Val de Grace, the Mint, l' Hopital St. Louis; the Hotel Dieu, adopted M. D'Arcet's steam apparatus for the preparation of gelatine. Several of these institutions, however, soon ceased to use it, on various pleas more or less plausible, but especially because of the repugnance of the consumers.

At the Hotel Dieu, the discontinuance of the use of the solution of gelatine was set forth in a report to the general council of the hospitals, by the physicians, surgeons, and pharmaciens of the hospital, conjointly with M. Henry (pere), chief of the central pharmacy of hospitals.

This report is important; for every thing relative to the preparation and use of the solution of gelatine is there dealt with in a manner that leaves little to wish for. We must therefore give a somewhat extended analysis of this report, and number the report itself amongst our justificatory documents.

The first chapter we shall not dwell on; it consists of an historical exposition of the extraction of bone gelatine and its employment in the preparation of soup.

The second chapter, which we shall textually transcribe as a note to this report, contains the results of researches on bone gelatine and on soup prepared therefrom. The conclusion of this chapter, which contains numerous facts and experiments of vast interest, are in all respects unfavourable to the adoption of the new method. "The soup" it is said, "made with the solution of gelatine is of bad quality; it putrefies more readily than soup made in the old way.

"Its taste is disagreeable to the extent of being insipid and exciting disgust.

"It is less digestible than ordinary soup, and even impairs the functions of the digestive organs.

"It contains a smaller quantity of nutritious matter than soup prepared by the old method.

"The nutritious matter that it does contain is inferior in quality to that contained in common soup."

The third chapter of the report treats of the preparation of the new kind of soup in an economic

point of view, and the advantage is said to be so trifling as not to compensate for the inferiority of the product. The saving amounted to but 7 francs 13 centimes daily in such an extensive establishment as the Hotel Dieu.

The fourth chapter contains practical remarks on the various methods of preparing soup from flesh, on the large scale.

The report terminates by the following general conclusions:—

1. A solution of bone gelatine in water presents the following characters:

It is slightly opalescent and viscid.

It has a most decided subnauseous smell and taste.

It leaves a disagreeable after-taste which persists for a long time.

It readily becomes putrescent.

When stale it has a fœtid taste and smell.

2. When ingested, even in small quantity, though rendered more sapid by the addition, whether of salt or of legumes, it excites nausea, ardent thirst, borborygmi, flatulence and diarrhœa, it debilitates and disturbs the functions of the digestive organs.

3. The solution of gelatine communicates its qualities to every mixture of which it is a constituent, and the more so, the larger the proportion in which it therein exists.

4. Soup prepared from the solution of gelatine and flesh has a muddy colour. It cannot be clarified. Its smell and taste are nauseous.

It yields a dry extract, which is insipid and contains a very small quantity of osmazome, the smaller, the less the quantity of flesh used in preparing the soup.

It possesses neither the odorous aromatic or sapid qualities indispensible in soup of good quality.

It does not exert on the digestive organs the excitant action necessary to facilitate digestion.

5. Soup containing bone gelatine is prejudicial to persons in health, but is much more so to sick persons and convalescents.

6. Flesh cooked in a solution of gelatine with the view of making soup acquires a red colour, which disgusts those that make use of it.

7. Bone gelatine, even if it possessed all the properties necessary for the preparation of good soup, exists in the solution obtained by steam in too small quantity to replace the juice of flesh meat, which it is intended to replace.

8. The extraction of bone gelatine by the methods in use, is dangerous, as it necessitates the employment of high pressure steam.

9. The economy apparently resulting from the employment of bone gelatine is counterbalanced by the readiness and frequency with which soup thus prepared runs into putrescence.

10. The process of extracting bone gelatine by steam, yields a product defective in quality, as it contains a certain quantity of animal matter, saponified by the action of too elevated a temperature. But this temperature is essential to the extraction of any considerable quantity of bone gelatine.

11. Were the method of extraction more perfect, it could not alter the nature of the gelatine, which is a bad food even were it nutritive.

The report recommended the suppression of the apparatus which was adopted, but not until the general council of the hospital consulted M. Soubeiran, as as to whether there were any means of ameliorating the quality of the product. To this enquiry M. Soubeiran replied:—

1. That it was almost impossible to procure a clear soup with M. Arcet's solution of bone gelatine, and 250 grammes of flesh meat to the litre.

2. That if the liquid be saturated with acetic acid, so as to let the acid be slightly in excess, a mucous looking deposit occurs, the solution of gelatine becomes transparent, and forms a clear soup.

3. Gelatine extracted from bones by means of muriatic acid, and placed in the pot while yet moist, makes a perfectly clear soup.

M. Soubeiran concludes by saying, that he considers the extraction of gelatine from fresh bones, by means of muriatic acid, as preferable to the employment of steam, the latter mode being too difficult of management, to be applicable to the daily service of an hospital. Almost at the same period, M. Donné, previously a great partisan of gelatine, perceived that the nutritive properties had never yet been submitted to any experimental investigation.

M. Donné instituted experiments on himself, and on animals, and although gelatine constituted but a fractional part of the food with which he himself and two dogs were concurrently supplied, he, nevertheless, became convinced that gelatine was little if at all nutritive.

"The gelatine which I used," says M. Donné in his memoir, "was in the state of jelly very concentrated, sweetened with sugar, and seasoned to my taste either with lemon or some alcoholic liquor. I gave it to my dogs mixed with fat, and salted. Having taken, the ten first days, at three different hours of the day, from 20 to 50 grammes of dry gelatine, with from 85 to 100 grammes of bread, I found that I had lost two pounds in weight. During the whole period I had suffered from hunger, and I experienced a tendency to faint, which only disappeared after I had dined in my usual manner."

Of M. Donné's two dogs, one ate during the first four days from 120 to 240 grammes of bread daily, and after that period the animal refused to touch the gelatine, in whatever form it was offered to it, even when mixed with fat broth, or mingled with a little flesh, and he would have died of hunger beside it, as he had become extremely emaciated.

The other lay during four days beside the gelatine prepared in various manners, without touching it even once.

M. Donné's memoir gave origin to another on the same subject, on a much more extended plan. M. Gannal, chemist and glue manufacturer, had long observed, that the rats in his premises, though they greedily devoured every other animal substance, touched neither gelatine or glue. He thence conceived doubts, as to the nutritive properties of gelatine; and M. Donné's memoir, determined him to investigate this important subject experimentally, and ascertain—

1. If gelatine alone was sufficient to support life.

2. If the addition of other substances was necessary, or on the contrary; and if so, in what proportions.

3. Finally, if gelatine is nutritious, what advantages result from its employment.

These researches, whose objects were, it may be seen, specifically determined, were performed on M. Gannal himself, and five persons of his family (three of whom were children), and also on several pupils of Val de Grace. They were witnessed by Serullas, member of this Academy.

We cannot enter into a detail of these experiments, but their results were very decided. They proved to M. Gannal that gelatine, flavoured however agreeably, was incompetent to nutrition. On the contrary, that under its use the health became rapidly deteriorated, the consumer suffering from headache, faintness, and frequent desire to pass urine, symptoms which soon disappeared on a recurrence to ordinary diet.

The experiments further proved, that a diet con-

sisting of gelatine, associated with a considerable portion of bread, was adequate to nutrition, though it caused unusual thirst; but (and this fact is important, as we shall find it again noticed,) if the gelatine was replaced by pure water, alimentation was equally perfect, nay, even somewhat superior, for the author says, "I have found myself lighter and apter for occupation."

These experiments, however, could not be persevered in beyond a few weeks, for all the individuals who thus honourably lent themselves to the investigation, acquired such a disgust for gelatine, that they could not continue its use in any shape. M. Gannal deduced from his experiments, that gelatine was not merely nutritious, but absolutely prejudicial to health, when it constituted a certain proportion of diet.

Contemporaneously with M. Gannal, M. Edwards (ainé), a philosopher of great skill in the difficult art of physiological experiment, conjointly with M. Balzac, investigated the employment of gelatine as an article of food.

The labours of these physiologists are curious in many respects. They admitted at starting, that gelatine alone is not nutritious, founding this admission on experiments previously made by one of your commission; and that in this respect, it resembles many other vegetable and animal substances. They also from these same experiments admitted, that white bread itself is not sufficient for alimentation. And they further considered it as demonstrated, that soup made of white bread and decoction of horse flesh, was a sufficient and suitable nutriment for dogs, the animals on whom they experimented.

The most remarkable results of their researches are: that white bread and a solution of gelatine do not constitute an alimentary diet. Animals thus fed, generally lose weight, and fall into a state of debility, the certain precursor of approaching death. This result is, however, more rapid when, in lieu of combining bread and gelatine, the animal is supplied with bread and slightly salted water alone. The most prominent fact in their memoir is, perhaps, the following:—

A young dog was for some time fed on bread and gelatine. The animal had lost almost a third of its weight, and was excessively feeble; at the point of death the authors say. Four spoonfuls of beef broth were now added to the animal's daily ration, and from that moment he regained his primitive weight and strength, his nutriment became sufficient, in consequence of the happy effects of a trace of the odorous and sapid constituents of flesh. This result agrees with the fact observed from time immemorial, that broth of flesh restores convalescents, and persons enfeebled whether from inanition or other causes.

It would have been well, had the authors, after enfeebling an animal by a mixed diet of bread and gelatine, suppressed the gelatine, and replaced it by a minute quantity of beef broth. The share of gelatine in the results would have been thus demonstrated.

The conclusions of the memoir of MM. Edwards and Balzac are—

1. A diet of bread and gelatine is nutritious, but insufficiently so.

2. Gelatine plays an efficient part in the nutritious properties of such a mixed diet.

3. A diet of bread and broth is competent to produce complete nutrition.

4. Meat broth added to bread and gelatine, nourishes perfectly.

These researches, though evidently undertaken with dispositions in favour of gelatine, testify in favour of meat broth, which, added even in small quantity to the diet, renders it sufficiently nutritious, while if it be wanting, the regimen is incompetent to support life; and as to the nutritious properties of gelatine, were we to judge from the experiments of MM. Edwards and Balzac, they seem extremely limited, and even doubtful.

After researches so well conducted, and conclusions so judicious, we are astonished to find M. Edwards in a subsequent memoir entitled, "Statistical Researches on Gelatine as an Alimentary Substance," speak of gelatine as follows:—

"It is a substance which, from time immemorial, has constituted part of the food of man; its use is so ancient that it is antecedent to historical muniments, since it dates from the period when man, taking one of the first steps towards civilization, ceased to consume raw flesh. What article of food has received the sanction of a more extended experience? On the one hand, we have one or two dissentient voices; on the other, the approbation of the entire world for thousands of years: the balance is infinitely in favour of the world."

This second memoir of M. Edwards contains, however, no new researches respecting the use of gelatine, but it presents a resumé of the public institutions in which gelatine was more or less employed as food for the poor. In this respect exactness is carried so far as to calculate the number of rations thus distributed. The number is great, but this in no respect elucidates the question, as at the utmost it but proves that gelatine may be without mischief introduced into the food distributed to the poor.

Such was nearly the state of science when the commission on gelatine resolved to test experimentarily the nutritious properties of gelatine.

It must be acknowledged that the task might have been greatly simplified, as the warmest partizans of gelatine no longer maintained, as formerly, that gelatine "is the aliment of aliments, that a bone is a cake of soup, and that bone soup is preferable to meat soup." Gelatine was now only represented as an azotised substance, fitted to animalise the water destined for the cooking of vegetables or meat.

Within these latter limits the question had been determined by such public institutions as the Hopital St. Louis, where a gelatinous solution was used in the preparation of soup. It was obvious that in a very small proportion the solution of gelatine is not injurious, and might even be advantageous, if it be true that it is, when mixed with meat broth, more nutritious than pure water, a matter, however, as yet undetermined; for it may be seen in the foregoing historical sketch that the addition of the same quantity of water to broth, seemed not merely not inferior, but even preferable to gelatine.

The commission, however, determined to neglect all antecedent documents for a time, and to examine the subject as if it had never been examined previously.

Our experiments were conducted in the spacious cellars of the College of France, where the temperature and hygrometric condition of the atmosphere are almost invariable; they were performed on dogs, animals the fitter for such researches, as their habitual diet is very analogous to that of man, as they have a decided liking for bones, which they masticate, digest, and thus extract their organic constituents.

It was, above all, necessary to determine what the substance actually was on which we were to experiment.

The parenchyma which dogs extract from bones during the act of digestion, is it gelatine?

Do the tendons, the cartilages, the skin, &c., from which gelatine is manufactured, contain that substance ready prepared? Clearly not: chemistry actually creates it, by modifying these various tissues with the help of water and heat. Gelatine, it has

been long known, is an artificial product and not an organic element.

We considered this distinction as most important; for the fact being so, an animal may be nourished on bones and not on gelatine; in fact, in proportion as the animal tissues are modified by chemical agents, as they lose their natural structure, as they become soluble, we find them become less putrifiable and less assimilable.

These ideas have been elsewhere enlarged on by one of your commission. They are of a kind calculated to show that gelatine may be possibly divested of nutritious properties, even though the tissues whence it is obtained are unquestionably nutritious.

It must be recollected, too, that the tissues which furnish gelatine do not all yield the same product.

Gelatine sometimes yields a precipitate, which sometimes effects no alteration on solutions of iron or alumen. In the first case the solution contains genuine gelatine, in the second it contains a different substance called *chondrin*. Finally, gelatine becomes altered by protracted ebullition, or by a temperature exceeding 105 C. (221 F.), ammoniacal salts become developed in it; it gets syrupy, and loses its characteristic property of forming jelly with water.

From these preliminary considerations, it results that the phrase gelatine designates several very dissimilar substances.

1. The organic parenchyma of bones; the cartilages, the ligaments, &c., which are transmuted into gelatine by various processes. 2. Chondrin. 3. Gelatine, properly so called. 4. Gelatine altered by heat.

Of these four substances, one only was to be first employed—namely, the substance obtainable from bones, by methods sufficiently economical to allow of its use as food at a cheap price.

Experiments on Gelatine.

This first series of experiments had for their object to ascertain whether dogs would nourish themselves by eating gelatine.

With this view pure gelatine of the kind called alimentary was given to a certain number of dogs, deprived of all other kind of nutriment. It was given in various forms—dry, moist, and in a tremulous jelly.

It was found that pure gelatine was an aliment not relished by dogs. Several of these animals suffered the agonies of hunger, and would not touch the gelatine lying within their reach; others of them tasted, but would not swallow it; and others, again, eat a first and second time, and then obstinately refused to use it.

We thus obtained the proof that gelatine differs materially from bones, which dogs swallow greedily, for when purified, and destitute of taste or smell, it does not attract them, even when they suffer the extremity of hunger.

This first result, though a negative one, was not unimportant; for famished animals, especially dogs, are by no means nice in their selection of food. If shut up together, for example, and destitute of food, after some days they feed on one of their number.—In this respect (lamentable to say) resembling man.

Experiments on Seasoned Gelatine.

In this series of experiments the gelatine was rendered sapid by the addition of various kinds of seasoning.

We commenced with the alimentary gelatine prepared by the sausage-makers, which is obtained by boiling down remnants of various parts of pork, the remains of fowls being often added. Its taste is very agreeable, and it is much-prized.

The first dog to whom this jelly was offered ate it during several days with much avidity; but his relish for it soon abated; he ate it more slowly, and after a few more days took but a part of it, and manifested symptoms of dislike; at length he refused it entirely, limiting himself to smelling to it, doubtless to ascertain if it had been somehow altered. At length, on the 20th day of the experiment, the animal died of hunger, having, within reach, a food which at first he made use of with eagerness.

This experiment was repeated on several other dogs, with exactly the same result—that is to say, death with signs of complete inanition occurred on the 20th day or later.

Though no doubt could remain, we wished to multiply our essays, to be certain that the results did not depend on some individual peculiarity. With this view we submitted other dogs to the same regimen, but did not push the experiment beyond the manifestation of disgust, which very rarely occurred later than the 6th or 8th day; the animals were then placed on their usual diet, and their health was soon restored.

According to these experiments, then, a dog may live 20 days, feeding exclusively on gelatine flavoured with the odorous and sapid principles of flesh meat. But what influence was exerted by the gelatine digested during the course of the experiment?—would the animal die sooner, if deprived of all aliment? Our anxiety to determine this question gave rise to another set of experiments, which were performed on 22 animals.

Experiments on Abstinence.

Of these animals, some were submitted to complete abstinence; others were completely deprived of food, but had access to water at discretion. We first observed a fact long known in physiology, and which has been anew confirmed in M. Chaussat's excellent memoir on abstinence—to wit, that death from hunger is more rapid, the younger the animal. In fact, dogs 4 days old die after 48 hours of abstinence; dogs 6 years old sustain 30 days of complete abstinence; others, again, younger, lived 7, 10, 11, 15, 20 days.

To attain our object, then, it was only necessary to compare the ages of this series of dogs with those of the series of dogs submitted to the gelatine regimen, and on so doing we found that the difference was very trifling. Taking animals of the same age, the period of death was the same, to within a few hours. To understand this result, it must be recollected that the animals supplied with sausage-makers' jelly condemned themselves to voluntary abstinence, after having eaten the gelatine during eight or ten days, and that there was complete abstinence equally in both series of experiments during the last 10 or 15 days.

In this series of experiments, several of the animals, though deprived of food, were allowed water. It was, in fact, desirable to know if water prolonged life under the circumstances. Its influence, in this respect, was obvious: all the dogs supplied with water lived from six to even ten days beyond the term fatal to those deprived of it.

There is nothing surprising in this result. The bodies of animals are, in great part, composed of water, which is constantly being lost by various channels of exit, as the lungs, the skin, the kidneys, &c. The loss must be supplied by fresh water, otherwise the wheels of the machine must soon cease to play.—In this respect, then, as in several others, water is a real and one of the most indispensable of aliments.

From these facts, we might conclude that pure water is more nutritious than alimentary gelatine.—Without rejecting this conclusion completely, we must allow that it is not rigorously deducible from the preceding experiments; for, on the one hand, the animals placed on the gelatine regimen soon ceased to

eat it, and then came within the category of complete abstinence; and, on the other, the dogs placed on the use of water exclusively, drank of it to the last moment of life. New experiments were, therefore, necessary to determine whether gelatine was or was not nutritious.

Experiments on Gelatine Mixed with various Alimentary Substances.

With this view we determined to mix gelatine with various alimentary substances, and thus endeavour to prolong its use for a sufficient time to appreciate its nutritious influence.

In these experiments, which occupied a long time, as many of them lasted 80 or 90 days, gelatine, generally in considerable quantity, was given, either boiled in meat broth, or mixed with bread and flesh; sometimes together, sometimes separately.

The quantity of dry gelatine, mixed with these substances, amounted to 500 grammes daily, for dogs weighing from 10 to 12 kilogrammes: it was swallowed with very great repugnance, and consequently was capable of exerting all its nutritious influence; but, nevertheless, in all our experiments, which were varied in numerous ways—the dose of gelatine being sometimes augmented, and again diminished, as was that of the other substances mixed with it—we never succeeded in effecting complete nutrition. On the contrary, our dogs died with all the signs of inanition; they all rapidly decreased in weight; all were affected with copious diarrhœa, and fell into extreme debility, the almost inevitable precursor of death from inanition. The details of these experiments are appended to the report, but some of them may be here cited to give an idea of the mode in which they were conducted.

1. A large dog, nearly a year old, weighing 11¼ kilogrammes, was placed on a regimen consisting of soup composed of 250 grammes of bread and an equal quantity of Flanders glue. This was continued 44 days, during which the animal became very thin. The 45th day the regimen was composed of 120 grammes of bread and 370 of Flanders glue. The animal left the soup in disgust, and fell into the utmost debility. The preceding regimen was then resumed, with the addition of half a pound of good meat soup: the animal eagerly swallowed the soup and became stronger. This amelioration was, however, of short duration: on the 63d day the dog was again excessively weak, and weighed but 8½ kilogrammes.

A copious diarrhœa existed throughout these 63 days. Seeing the animal in this condition, and that his death was inevitable if he was kept on the same regimen, he was fed on meat during four days, which restored his strength and put an end to the diarrhœa. On the 76th day, the health of the animal being well re-established, the glue and bread soup was resumed, but the animal took it with disgust, and died on the 83d day extremely emaciated.

2. A large adult healthy bitch was placed on the following mixture, as a daily allowance:—

Dry alimentary gelatine, 200 grammes.
Bread, ... 250 ditto.
Ox heart, ... 130 ditto.
Two eggs,
Salt, q. s.

She used this daily for 10 days, in which time she became sensibly thin. From the 12th to the 20th day of the experiment, the quantity of gelatine was increased to 500 grammes in the 24 hours, but such repugnance was evinced to it that the quantity had to be reduced. The 23d day the animal brought forth five pups. We observed that she had but four teats developed and containing milk. One of the pups soon died, probably on this account. The same diet was continued, but with only 250 grammes of gelatine.

The 24th day the emaciation appeared very great, after the delivery; from the 24th to the 29th day, the animal took in its food 790 grammes of dry gelatine; it manifested extreme repugnance to its food, although all the signs of extreme hunger were evinced. One of the teats ceased to yield milk and another of the puppies was found dead.

From the 29th to the 43rd day, the gelatine regimen was suspended and the animal was fed with tripe. On the third day after this change of food the mammæ were full of milk.

On the 43rd day the gelatine diet was resumed; and shortly the inferior mammæ alone supplied milk. On the 55th day all the mammæ were shrunk and yielded no milk. The mother was very lean and repelled her young, on the 58th day she would not suffer them to approach her, and they soon perished from inanition.

During 80 days, the animal had eaten, independently of bread and flesh meat, 3210 grammes of gelatine. This aliment evidently superseded the secretion of milk, which returned on the diet being changed. This regimen then was not sufficiently nutritive.

From the foregoing facts, we may safely conclude that gelatine, even when rendered savoury by the sapid and odorous principles of flesh, cannot alone serve as aliment and support life, and that it soon excites an insurmountable disgust.

That its introduction to a certain amount, even one-half, does not ameliorate a regimen, but on the contrary renders it incomplete and insufficient.

It remained to examine the properties of an alimentary preparation, into which gelatine is sometimes introduced in small quantity, and which is distributed to the indigent. I allude to soup made with flesh and patly with a gelatinous solution prepared by M. D'Arcet's process.

Experiments on Gelatine Soup and the Soup of Flesh Meat.

With the view of examining this subject, which is of the greatest importance as involving the alimentation of the indigent and of the sick; we thought it right to compare the soup prepared at the Hopital St. Louis, according to M. D'Arcet's process, with that manufactured in Paris in great quantities by the Dutch company. To render this examination the more profitable, one of our number, at the desire of the commission, devoted himself, during three months (September, October and November 1825), to an attentive examination of the solution of gelatine and of the soup prepared at the Hopital St. Louis. These products were had daily from the Hospital; of the parcel that day prepared, and on their arrival at the laboratory of the Ecole polytechnique, where all the experiments were performed, their physical characters, taste, re-action on test paper, &c., were ascertained.

A litre of each liquid was then evaporated on the water bath till the residuum ceased to lose in weight; the residuum being examined was then cautiously burned to destroy the organic matter and estimate the amount of the salts.

From these protracted experiments it results that the soup of the Hopital St. Louis is often neuter or slightly acid, that it is frequently muddy, and that it is rather variable and not as good as might be desired; It seems to contain, as a mean, 14 grammes of dry matter to the litre, of which 8 grammes are organic matter and 6 grammes, salts; amongst which sea salt predominates. The organic matter consists essentially of fat, of gelatine, and of extractive derived from the meat or from the legumes. It also contains a small

quantity of an ammoniacal salt, whose proportion was not exactly determined.

The solution of gelatine generally contained 10 grammes of gelatine to the litre; this is the mean product. It was more or less alkaline, sometimes muddy and ill tasted; but often insipid. Usually but a trace of saline matter was found in it. In fact, it really consisted of water, gelatine, and a little fat in an emulsion, as it were, owing to the presence of traces of ammoniacal compounds.

This alkalinity of the solution of gelatine explains the slight acidity of broth formed of it, because it neutralises the acids furnished by the meat and legumes added to it. Its muddiness and ill taste also explain the turbidness and bad flavour sometimes detected in the soup.

A most vigilant and careful surveillance is therefore required if we would employ a solution of gelatine in the manufacture of soup, the solution being subject to variations in its quality according to the precaution observed in the selection of the bones and the direction of the apparatus. Unquestionably we may obtain with M. D'Arcet's apparatus, a solution of gelatine devoid of taste or smell, capable of forming an agreeable broth, but doubtless the necessary precautions are not always observed.

As we proposed instituting comparative physiological experiments between the soup of the Hopital St. Louis, and that of the Dutch company; the latter was analysed also, and our experiments only confirmed the exactness of M. Chevreul's previous experiments on the same product.

The soup of the Dutch company is in general very decidedly acid, agreeable and savoury in taste, often a little muddy. It contains uniformly from 24 to 25 grammes of dry matter, per litre; 8 or 10 grammes of which are salts, especially sea salt, and 15 grammes being organic principles; to wit, fat, gelatine, extractive of meat, and the soluble parts of legumes.

The taste and smell of the dry residua of the two soups here in question, differ in the most decided manner.

While these chemical examinations were being made, these products were submitted to trials to determine their comparative nutritious powers.

A certain number of dogs were taken in couples as similar as possible in age, weight and state of health. One of each couple was fed on a determinate quantity of white bread and soup of the Dutch company, while another was similarly fed on soup of the Hopital St. Louis. The influence of this on the weight and functions of each animal was noted daily.

Some of these experiments and their results are as follow:—

A dog, designated No. 1, weighing 8 kil. 250, was given as diet, 250 grammes of white bread and one litre of the gelatine broth of the Hopital St. Louis.

His health remained good for 56 days, but he then only weighed 7 kil. 15, and consequently he lost, under the influenee of this diet, 1 kil. 235, in weight.

The soup of the Dutch company was then substituted for that of the Hopital St. Louis, the quantity of bread remaining the same. On the 111th day of the experiment, the 55th of the change of diet, the animal was in good health, and weighed 8 kil. 90.

A dog, No. 2, weighing 6 kil. 50, was fed on a litre of the Dutch company's soup, and 25 grammes of bread daily. On the 56th day, he had gained 15 grammes of weight. A litre of the soup of the Hopital St. Louis was then given in place of that previously used. On the 111th day of the experiment, the 55th of the change of diet, the animal weighed but 6 kil. 15, and had thus lost 40 grammes.

In other experiments the quantity of bread was diminished, the better to demonstrate the influence of the soup.

Dog No 3, weight 3 kil. 75. Daily diet—Dutch soup, 1 litre; bread, 120 grammes.

17th day, weight 3 kil. 60—loss, 15 grammes. Diet changed to St. Louis soup, 1 litre; bread, 120 grammes.

41st day, weight 3 kil. 75, or a return to the original weight.

Dog No. 4, weight 4 kil. St. Louis soup, daily 1 litre; bread, 120 grammes.

17th day, weight 3 kil. 80—loss of 20 grammes. Diet changed to Dutch soup, 1 litre; bread, 120 grammes.

41st day, weight 4 kil. 50, or a gain of 50 grammes on his original weight, and 70 on that to which he had fallen while using the gelatine soup.

From these examples, selected as the simplest, the advantage, though small, is obviously on the side of the soup so carefully prepared by the Dutch company, which was superior to that of the Hopital St. Louis composed of one half good meat soup and one half solution of gelatine.

We must add the important fact that in several instances dogs fed with meat-soup, whether of the Dutch company, or of the Hopital St. Louis, even when 380 grammes of bread were given daily, were insufficiently nourished, and died with all the signs of inanition, though they were fed on flesh-meat before the termination of the experiment.

From these experiments on the nutritious properties of gelatine, your commission concludes that if gelatine may, without mischief, constitute a portion of an alimentary regimen, the properties of it so employed should be restricted within certain limits, as otherwise it produces serious mischiefs, especially a loathing so invincible that animals will rather die of hunger than eat this substance in whatever form it may be prepared.

The striking accordance between our experiments and those performed by our predecessors in this investigation destroy the flattering hopes conceived by certain philanthropists as to the advantages derivable from employing bone gelatine as an article of diet.

Experiments on the Parenchyma of Bone.

All the preceding researches had relation to gelatine properly so called, obtained by the re-action of bread and water on certain animal tissues. No doubt, similar researches on chondrine would have been interesting, but besides that it is difficult to be procured, that substance would probably require a chemical examination previous to serving as the basis of experiments on alimentation. Gelatine deprived of its property of forming a jelly with water, by exposure to an elevated temperature or atmospheric influence might also have been examined, were it not that the repulsive smell and taste of syrrupy gelatine forbid its employment as aliment. It appeared, however, necessary to examine whether bone and its parenchyma constituted good food.

With this view we obtained at the establishment of the Isle de Cygnes bones deprived of their phosphates and carbonates by means of muriatic acid. Bones thus reduced to their organic parenchyma are semi-transparent, flexible, elastic, have a fatty smell and an acid taste, which they owe to the chemical operation by which the greater part of their calcareous salts have been removed.

These products, which are collectively called alimentary gelatine, are of two kinds. One obtained from ox and sheep's heads, which is almost completely converted into gelatine by the action of boiling-water, and has a slightly fatly smell. The other prepared

from sheep's heads opaquer than the former, and evidently containing a certain amount of fat.

Several dogs ate each of these products equally well for several days, but after 5 or 6 days evinced a decided preference for the latter, and we had to abandon the use of that obtained from ox and sheep heads. The dogs continued to eat that gotten from sheep's feet during a month to the amount of 250 grammes daily, without ever manifesting any dislike, but on the contrary, receiving it every morning with obvious satisfaction.

During this period the animals were always well, active, and lively, and their digestion continued good; their weight, however, diminished slightly, showing that alimentation was not perfect. After a month, however, of this regimen, distaste was unequivocally manifested, and inanition appeared impending. We limited ourselves, therefore, to ascertaining that the organic parenchyma of sheep's feet sufficed to maintain a sufficient alimentation during one month.

There is nothing surprising in this result. It is notorious, that the large carnivorous animals, that even dogs, grind the spongy bones and derive nourishment from them, rejecting by defecation the calcareous parts almost unmixed. If we remove by an acid the calcareous portion of bone, it is but a culinary preparation which in this, as in many other cases, facilitates mastication and digestion.

It is not so easy to understand how dogs accept the dephosphated sheep's feet for a month, and reject after a few days ox and sheep heads similarly deprived of their saline constituents.

With a view of elucidating this singular phenomenon we submitted these kinds of bone to a comparative analysis. We found that 100 parts of the bones of sheep's feet contained—

Water	47.22
Fat	5.55
Matter convertible into gelatine ...	17.30
Earthy phosphates and other salts ...	12.42
Insoluble animal matter	17.51
	100.000

The bones of ox and sheep's heads contained—

Water	22.87
Fat	11.54
Matter convertible into gelatine ...	27.99
Earthy phosphates	32.77
Insoluble animal matter	4.83

Thus the substance rejected by the dogs contains more fat, more gelatine, and more saline matter than that which they accept; the latter contains the larger quantity of water, and especially of insoluble animal matter. Does this preference and the greater nutritious power of the latter product depend on this greater amount of insoluble animal matter? It may be so, but we have no positive proof that such is the case.

At all events, the parenchyma of the bone of sheep's feet, which dogs eat with pleasure, and which by itself suffices to support them during a month, is partly composed of a material readily converted into gelatine. It became interesting to ascertain whether, after such conversion, it retained its temporary nutritious powers.

A certain quantity of dephosphated sheep's feet were then macerated in water, hot but not boiling, and we thus obtained a jelly tolerably firm, still retaining somewhat of the smell and taste of the substance it was derived from, and covered on the surface with a frothy layer, evidently containing fat.

Several dogs were placed on the use of this jelly, including some that had been antecedently fed on the dephosphated sheep's feet. These animals all soon manifested signs of inanition, and some even died in a state of complete marasmus.

Thus a dog that had continued in satisfactory health during a month, though exclusively nourished on dephosphated sheep's feet, after ten days use of the jelly prepared therefrom, lost 500 grammes in weight; his aspect was further completely changed; he was sluggish and could scarcely stand; the eyes were dull, the hair rough, he evolved a repulsive smell, and laboured under constant diarrhœa. This condition becoming aggravated, he died on the 13th day in a state of extreme emaciation, though he continued to eat the jelly to the last moment. Other dogs survived to but the 20th day, though allowed to eat the jelly to an unlimited extent. We observed, in the course of the experiments, that the dogs ate with a decided preference the frothy fat on the surface of the jelly, and that portion of the jelly in immediate contact with that fat, leaving, on the contrary, the gelatine, at the bottom of the vessel, which was divested of the fatty taste.

The bones of sheep's feet, then, are not nutritious, merely because they contain fat and calcareous salts; they are so, probably, because of the organic condition of their parenchyma. A new element was thus experimentally introduced into the great question of alimentation, which furnished matter for further experiments, of which we shall state the results.

To ascertain this influence, we determined to submit the bones themselves to experiment; for if the bones alone sufficed for alimentation, it would be an additional evidence of the influence exerted by the organic condition on aliments.

For this purpose we fed dogs exclusively with bones and water. To some the bones were given raw, and divested of flesh as much as possible; to others the bones were given cooked—that is to say, completely divested of all the soft parts and partly of their fat.

The dogs fed with the raw bones, throve perfectly, feeding on them during three months, without their health being disturbed or their weight diminished.

The dogs fed on the boiled bones died after two months, with all the signs of inanition and considerable loss of weight.

The natural consequence from these experiments is, that the organic condition is not all powerful, but must be combined with other conditions to produce complete and protracted nutrition. To give this conclusion, however, the necessary value, it should be established by more numerous facts, and by comparative experiments on the various animal tissues usually employed in the manufacture of gelatine and the various kinds of glue. With this view we performed several experiments.

Experiments on Tendons.

We first experimented on tendons; secondly, on cartilages, and hide raw or tanned.

At present we are only in a condition to speak of the tendons, the other experiments not being complete: they will be noticed in a supplementary report.

As a type of our researches on the nutritious qualities of tendons, we shall cite the following fact, which in itself sums up what we have observed on this point.

The 23d of March last, an adult dog, weighing 16 kil. 300, was fed with beef tendons and water exclusively: an unlimited supply of each was allowed, and they were renewed daily.

The first day the animal consumed 1½ kil. of the tendons, and appeared satisfied; but from the 10th of April he took a disgust to them, and on the 15th April formally refused them. Being then weighed (33d day of the experiment), he had lost 1 kil. 800 in weight, and also manifested undoubted signs of inanition. His regimen was then changed to raw bones,

which he ate greedily to the amount of 2 kil. daily. His strength and activity rapidly returned, and on 15th May he had recovered 1 kil. in weight, continued to eat the bones with satisfaction, and was in good health.

Tendon, then, is, like the parenchyma of bone, incapable of supporting nutrition beyond a certain limit of time.

Experiments on the Nutritious Properties of Albumen, of Fibrine, and other immediate Animal Principles.

The preceding experiments abundantly prove that gelatine is little, if at all, nutritive. But is this negative property peculiar to this substance? Are other proximate animal and vegetable principles superior to it in this respect? Or are they, in this respect, co-ordinate with it? We determined to examine this question, and here the scope of our labours became immensely extended, as it involved the repetition with each principle separately of all the experiments already performed on gelatine.

The experiments of one of your commission had already, indeed, shown that alimentation with a single element rarely sufficed, terminating in death sooner or later: we determined to directly examine all the facts bearing on the question.

Experiments on Albumen.

We first experimented with albumen, analogous in more than one respect with gelatine. This substance is not, however, like gelatine, an artificial product; but, on the contrary, exists ready formed in the economy, especially in the serum of the blood and of the lymph, etc. It might then be presumed that a diet consisting of albumen exclusively, might suffice to carry on nutrition for a certain time; but we shall see that this is not the case.

We attempted to feed several dogs on albumen, but were soon compelled to abandon the project; for several dogs, whom we supplied during several days with white of egg, both raw and boiled, would not, even touch it, and would certainly have died of hunger beside it.

Thus, then, albumen, liquid or coagulated, is, like gelatine, instinctively refused by animals, even when urged by the extremity of hunger.

This result will cause surprise, for, though hard white of egg is regarded as difficult of digestion, it certainly is not commonly considered as divested of nutritive qualities. But, on the contrary, white of egg, when liquid or moderately boiled, is considered as a light food, easy of digestion.

In fact, several conditions favourable to digestion are combined in white of egg. It is alkaline, and contains salts, especially sea salt, in a considerable quantity. Its animal matter is identical with that found in the chyle and the blood; furthermore, white of egg contains some organised membranes, which may be useful and even indispensible to digestion.

Nevertheless, animals refuse albumen. We shall see further on, how this result may be partly, at least, explained. For the present we merely state facts.*

Experiments on Fibrine.

This substance has been regarded as the one nutritious above all others. In fact it constitutes almost the entire of muscular flesh, the chief food of man and the carnivora.

Instead of commencing our experiments with muscles, in which fibrine is conjoined with vascular, nervous, and cellular tissue, we preferred using this substance in a state of purity, such as it is extracted from ox blood. It was carefully washed, and expressed, to separate the other elements of the blood, and was given, thus pure and moist to the dogs. These experiments, the details of which shall be published, independently of their result, which is most remarkable, presented several curious circumstances which we shall detail.

The animals at first manifested repugnance to the purified fibrine of the blood, which they, however, soon surmounted, and ate it with relish during the entire duration of the experiments, several of which were continued 75 days. It was only the last few days that any repugnance was again evinced. In one experiment, it was thought that by adding fibrine to alimentary gelatine the animal might prefer this variation of diet, but nothing of the kind occurred; the fibrine was consumed as usual and the gelatine was left.

The most singular fact, however—that which surprised us most, and doubtless, will astonish every one—is, that though the animals regularly ate and digested from 500, to 1000 grammes of fibrine daily, they nevertheless gradually evinced, by diminution of their weight, augmenting emaciation, the signs of a defective alimentation; and one dog actually died of inanition, having consumed daily during two months half a kilogramme, and on the morning of his death, 1 kilogramme of fibrine. What is most strange is, that in this dog the blood had almost completely disappeared; despite all our care to collect it, a few instants after death we obtained scarcely 1 gramme of fibrine.

This is, doubtless, a strange result, which demonstrates how far we are from possessing even an approximate theory of nutrition. That gelatine and albumen do not nourish may be understood, these substances constitute but a small part of the ordinary articles of diet. But that fibrine the organic base of flesh, cannot, even when consumed in large quantity, support life beyond a certain time, is indeed, surprising, and called for fresh investigations in which your commission propose to engage.

It is true that fibrine of the blood differs in more than one respect from fibrine of muscle; it is not organised, it is destitute of the sapid and saline principles which flesh communicates to broth, it is not intimately mixed with nerves, vessels, and cellular tissue, and finally it is destitute of the alkaline, earthy, and ferruginous salts which exist in muscle. Is it not to this difference of composition that is owing its deficiency of nutritive power? for it is familiarly known by daily experience that flesh nourishes perfectly, even in quantities much smaller than the amount of fibrine of blood given to our dogs. We shall cite experiments directly proving this fact.

The dissimilarity of fibrine of blood and fibrine of muscle appears even on chemical grounds, for fibrine is always more soluble the more recently it has been coagulated.

It is, however, impossible to thus explain the remarkable results above detailed. As fibrine in one shape, at least is not nutritious, we must conclude either that it and albumen and gelatine, are isolatedly incapable of forming in the stomach a product convertible into nutritive chyle, or else that something is wanting which is indispensable to the effecting of this transformation.

To elucidate this difficulty we have resolved to perform two series of experiments. In the first, the animals are to be fed with fibrine of blood artificially mixed with the sapid and odorous principles of mus-

* As we had a quantity of yolk of eggs at our disposal, we tried if dogs could be nourished on them, and gave twelve or fourteen of them daily to hungry, healthy dogs. The first day the yolk of egg was eaten with signs of distaste, the second day the distaste was more decided, and but a part of the supply was consumed; finally, the tenth day the animals rejected them, though they were really famished.

cular flesh; in the second, they shall be fed on muscle itself divested as much as possible of all constituents not consisting of fibrine.

These experiments are in progress, but not yet concluded and will form part of the supplementary report, which we purpose making to the Academy; at present, however, we shall detail the two first.

Experiments on Fibrine of Blood, mixed with the Sapid and Odorous Principles of Flesh.

1st. Experiment, 14th April 1841.—A large dog was fed exclusively with fibrine of ox blood well washed and moistened with soup of the Dutch company.

Condition of the Animal.—Active, in good health, never previously experimented on; age, 18 months; weight, 15 kilogrammes; quantity of fibrine eaten daily, 1 kil. Quantity of excellent meat-soup mixed with the fibrine, 33 centilitres.

19 April (5th day). The animal has eaten his food and seems well satisfied with it; weight 15 kilog.

May 3rd (19th day). The animal evinces distaste for his food, and loses, by scattering it about, 500 out of 1000 grammes.

In lieu of 33 centilitres of soup, the fibrine was mixed with 50 centilitres, to 1000 grammes of fibrine; during 3 or 4 days he ate more readily, consuming almost his entire allowance.

7th May (23d day). The animal again dislikes and scatters a large amount of his food.

The fibrine was then boiled in 15 centilitres of soup, and when thus prepared exhaled a very grateful animal odour.

The first few days subsequently the dog eagerly demanded the entire of 1 kil. of fibrine thus prepared; but soon became again disgusted with it, though his food was renewed daily and always prepared in exactly the same way.

15th May (31st day.) The animal refused to eat the cooked fibrine: weight 13 kil. or two kil. loss in 31 days.

The fibrine was continued for two or three days, but the animal absolutely refused it in whatever shape it was offered to him.

From the 15th to 19th May the animal remained without eating, while there lay beside him 1 kil. of fibrine divided into two equal portions—one cooked in soup, the other raw.

The experiment terminated on the 19th May (35th day.) Thus in this first experiment a combination of fibrine with excellent soup containing the sapid principles and salts of meat, was incapable of nourishing. It remains to be seen if farther experiments will confirm this remarkable result.

Experiments on Fibrine of Muscle.

29th March, 1841, a middle sized dog was fed exclusively on boiled beef, deprived of fat and expressed in a cloth after 24 hours maceration in water to deprive it of the smell and taste of flesh and render it as similar as possible to fibrine of blood.

Condition of the Animal—Active, healthy, never before experimented on; age, between 28 and 24 months, weight, 6 kil. 300.

Quantity of beef daily, 250 grammes. The animal although he readily eat his allowance, grew rapidly thin; but retained his vivacity; his hair was smooth and he manifested no signs of marasmus.

May 12th (43rd day), the animal is very thin; weight 4 kil. 800.

The animal had to this date consumed his allowance except during the last 5 or 6 days when he left a little uneaten. Though very thin he restrained his vivacity.

24th May (55th day), since the 12th May, the quantity of beef left uneaten augmented from day to day, and at this date but 60 of the 250 grammes are consumed. The animal is extremely emaciated, drinks much; and languor begins to show itself.

The experiment was evidently near its termination, and clearly, fibrine in the shape now employed, though more nutritious than fibrine of blood mixed with meat-soup, was incapable of affording sufficient nourishment.

We considered, however, that the deficiency of nutritious power resulted from the fibrine being employed as sole aliment. We, therefore, formed compounds of the various elements combined, with which we had experimented separately.

Experiments on the Alimentary Properties of Mixtures of Gelatine and Fibrine; of Gelatine and Albumen; of Fibrine and Albumen; and of Fibrine, Gelatine, and Albumen.

We placed dogs on the use, some of a mixture of gelatine and fibrine. Some of gelatine and albumen, and others had a mixture in various proportions of these three substances, and thus commenced a series of experiments which must of necessity be very numerous and tedious; which ought to yield very interesting results. These results were as follow:—

A mixture of albumen and fibrine in various proportions was not regarded with so much repugnance as were either of these substances separately. Generally their use could be continued for a greater length of time; but always after the lapse of a variable period, the animals fell into marasmus, and died of inanition while eating a considerable quantity of these substances.

The various mixtures employed in these experiments, gave different results: that of gelatine and albumen was the least favourable: that of fibrine and albumen sustained life the longest, prolonging it even to the 126th day: with a small quantity of gelatine, albumen and fibrine, to the extent of one kil. daily, life was sustained 121 days; but after that, digestion was not carried on, and the animals died with all the signs of defective alimentation, though their stomachs were filled, distended even, with a considerable mass of unchymified food.

The result of all these experiments is, that the mixtures employed, though every pains were taken to make them as savoury as possible, were insufficient in any case to serve as food, and that in this capital point they agreed, whether combined or isolated.

And yet, raw meat, where these same elements are associated, but associated according to the laws of organic nature, is notoriously an excellent food. Though this fact is undoubted, we yet thought it right to test it in our experiments.

We fed the several dogs on a fixed quantity of raw meat, of sheep's heads; and though the quantity consumed daily, never exceeded 300 grammes, and was often less, the health and the weight of the animals remained unimpaired during 120 days, the period at which we ceased the experiment, thinking it then sufficiently protracted. Is it not worthy of remark, that from 150 to 300 grammes of raw meat, of the worst quality, has a greater nutritive value than 1000 grammes of fibrine, assisted by several hundreds of grammes of gelatine and albumen.

Physiologists will doubtless be struck with these results, and we warmly recommend them to the attention of chemists.

What is then the peculiar principle, which renders a flesh meat diet so perfect? Does the odorous and sapid matter, as seems probable, play this part? Have the salts and trace of iron contained in it, the fat, the lactic acid, small as their quantity is, any thing to say to this result? These are beautiful and

important questions, which may be thus stated. *Seperate from flesh meat, a principle which combined with albumen, gelatine, or fibrine, shall convert them into a sufficient aliment for carnivorous animals.*

Experiments on the Nutritive Properties of the Fats.

Having examined the nutritive properties of the principal azotised elements, it was important to study under the same point of view, those principles non-azotised, but much used as aliment by man, and some animals, such as fat, butter, &c.

Fifteen adult dogs were successively placed on a regimen, consisting exclusively of fatty substances (fresh butter, lard, and fat of ox heart, *i. e.* fat still enveloped in the organic cells that naturally contain it.) These experiments occupied nearly a year (1837–38), and the following recital will shew why they consumed so much time.

Four experiments were first made with fresh butter, in the daily quantity of 300 grammes, and gave no result further than that the animals greedily ate the butter the two first days, subsequently utterly rejected it, and would have been starved, had the experiment been persisted in.

We were, however, more fortunate with a fifth dog, that consented to eat the butter, irregularly however, during 68 days, and then died in a state of inanition, but remarkably fat. During the whole course of the experiment, the dog exhaled a strong butyraceous odour. His hair was greasy to the touch, and the skin unctuous, and lined with a layer of fat.

On examination after death, all the tissues and organs were found infiltrated with fat, the liver was what is pathologically called *a fatty liver*, and when analysed, yielded a great quantity of stearine, and little or no oleine, it was, in a manner, infiltrated with butter.

Lard gave the same results: several animals ate it a few days with avidity, and then completely rejected it. Another died on the 18th day, eating some days 25 grammes, but most frequently refusing to touch it. Another finally, lived to the 156th day, usually consuming 120 grammes of lard per 24 hours, but yet, on more than one day the animal fasted, rather than eat it.

On examination after death, we found, as in the dog that died after being fed on butter, a general atrophy of the organs, but a superabundance of fat, especially under the skin, where it formed a layer more than a centimetre thick.

We now tried the effects of a mixture of bread and lard, and made a paste consisting of—

Lard, ... 120 grammes.
White bread, 250 do.

But the animal to whom this was offered, refused it after a few days.

The results of experiments with the fat that envelopes the heart of the ox, which was still enveloped with its cellular tissue, and to which some shreds of muscle adhered were as follow:—

Four dogs were placed on the use of this substance; they at first ate with avidity, but all, at the expiration of seven days refused it. They, so to say, dissected it into minute morsels, appropriating the mereest fragment of muscular fibre, and cellular tissue. All died, on the 19th, 24th, 28th, and 35th days respectively, ulcers had formed on their corneæ.

On dissection, all the organs were atrophied, but infiltrated with fat; their livers were fatty.

In opposition to these results, a small adult dog lived a year in perfect health, eating daily 125 grammes of fat of ox heart.

Another dog fed exclusively on the daily allowance of 100 grammes of similar fat, simply exhaled an insupportable fatty smell, but lived six months in perfect health. He would doubtless have continued to do so, had the experiment been continued.

Despite this diversity of result in six experiments with the fat of ox heart, it is clear that such fat has a decided advantage over the other fatty ma ers e x perimented on.

Experiments on the Nutritious Properties of Gluten and Fecula.

After these, certainly very imperfect experiments on the nutritious properties of the animal proximate principles, we wished to try similar experiments on vegetable proximate principles, especially gluten and fecula.

Gluten, whether extracted from wheaten or maize flour, presented a phenomenon, which was not observed with the other organic proximate principles, which all excited more or less repugnance in the animals compelled to eat them.

Gluten, though its smell is somewhat nauseous, and its taste anything but pleasant, was eaten without difficulty from the very first day, and the animals continued its use during three months uninterruptedly, without manifesting any dislike to it. The daily supply was from 120 to 150 grammes, and the dogs retained every appearance of perfect health. This fact struck us the more, as being opposed to the rule which apparently resulted from numerous experiments; to wit, that an alimentary substance, especially if it be an isolated proximate principle, is not fit for sustaining life beyond a certain period, which is never very long.

Here however, is a substance, hitherto considered as a proximate nitrogenous principle, which, without any preparation or seasoning, excites neither repugnance or disgust, and which, by itself, nourishes perfectly and for a long period.

Dr. Prout the celebrated English chemist, building on the known fact, that milk constitutes of itself an excellent aliment, has taken its composition as a type, and reduced thereto, the general composition of the food of animals in the following form:—

1. A nitrogenous substance, ... Caseum.
2. A fatty matter, ... Butter.
3. A neutral non-azotised substance, Sugar of milk.
4. Various alkaline or earthy salts.

But gluten nourishes by itself, though simpler in composition than milk, or the aliments compared with it.

Gluten, however, cannot be considered as a proximate principle; as we used it, it doubtless retained some traces of fecula. When isolated, it can, as is known, resolve itself into two distinct substances; an albuminous substance, and a product named glaiadine, which, in its turn is divisible into gluten, properly so called, gum, and mucilage.

Our dogs then ate a large quantity of gluten, combined with a little albumen, gum, mucilage, fecula, and even sugar derived from the fecula. This, apparently simple aliment then is in reality tolerably complex. But what we know of its chemical composition would by no means have enabled us to predict its nutritive powers.

Experiments on the Nutritive Properties of Fecula.

Fecula which constitutes so considerable a portion of the aliment of man and the domestic animals; which exists in such large quantity in the cerealia and leguminosæ, yielded in our experiments on dogs scarcely a trace of nutritious properties. Was this because it was isolated from the other constituents with which it is associated in vegetables? Perhaps so, for this is one of the general results deducible from our lengthened experiments.

Whether in powder, dry, or moist, dogs take no notice of fecula. Made into a paste with boiling water they also neglect it, and would die of inanition beside it, without attempting to touch it, were it not for the water mixed with it.

In order to induce dogs to eat it, we were compelled to mix it with butter, or lard, sugar, or salt, and sometimes with bread, and always in considerable proportion, and still the dogs usually refused to eat it, and the few that ate the mixture for a certain period, soon perished with every symptom of inanition.

In these experiments we employed starch, or the fecula of wheat, and of potatoes.. We observed no marked difference between these two kinds of fecula; if there was any, it was very slight, and was in favour of the potato starch, which the animals seemed to regard with somewhat less repugnance.

It would have been no doubt curious to compare the several kinds of fecula, obtained from the various cerealia and leguminosæ, but our experiments had been already so protracted, that we were unwilling to longer delay reporting to the Academy.

We have now, gentlemen, submitted to you numerous interesting facts, numerous experiments, numerous results. The Academy will now, we hope, understand why we so often postponed our report, on the plea that we were as yet unprepared to make one. The questions which we have examined were not solely those which we were charged to investigate. Many others not less important have been the objects of our experimental researches, and the facts which we have ascertained, yield nothing in interest to those which we have now the honour to present to the Academy. When these our new researches shall have been completed, we shall submit them to the Academy, and shall thus complete the lengthened series of our researches on alimentation, so far as it is possible to say that such a labour can be completed.

[The conclusions of the report here follow, for which see MEDICAL PRESS, No. CXXXVIII.]

DUBLIN HOSPITAL REPORTS.

CITY OF DUBLIN HOSPITAL.

DISLOCATION OF THE HIP-JOINT—NEW METHOD OF REDUCTION.

Reported by A. Orr, Esq.

James Moran, aged 40, a stone cutter, of slight make. Admitted May 17—under the care of Mr. Williams.

While at work on a scaffold, about 20 feet high, he made a false step, fell to the ground, and alighted on his feet, but in what precise position he cannot say. He was for a short time insensible, and on recovering his intelligence, found that he could not rise or stand without assistance.

On admission, about four hours after the accident, being laid on his back in the bed, it was found that the left lower extremity was about two inches shorter than its fellow; the thigh was slightly flexed on the pelvis, as was also the leg upon the thigh, and the entire limb was rotated inwards, and permanently adducted, so that the knee lay over that of the sound side, and the foot crossed the opposite instep obliquely.

The great trochanter lay higher up and more anteriorly than natural, and was very prominent. On rotating the limb, the head of the femur was felt rolling on the dorsum of the ilium with unusual distinctness, the patient being very thin. A depression could be felt in the groin, corresponding to the situation of the cotyloid cavity.

The thigh could be flexed on the pelvis, and also adducted and rotated inwards more easily, and to a greater extent than usual, and without producing much pain. The limb also admitted of rotation outwards, to a certain limited extent, and of a slight amount of abduction, the head of the femur lying more loosely on the dorsum of the ilium, than is ordinarily the case.

On placing the patient upright, the great toe of the left foot crossed that of its fellow, and the heel was elevated so that the toes pointed downwards. The buttock was found to be flattened, and its fold was less marked and more elevated than that of the other side.

Considering the relaxed state of the muscular system, it was thought, that this might be a favourable case for trying the method of reduction proposed by M. Colombot. The patient was placed standing, and instructed to bend the trunk forwards, so as to support the thorax on a table, the opposite edge of which he grasped with his hands. Mr. Williams now standing on the outer side of the affected limb, bent the leg at a right angle with the thigh, grasping the dorsum of the foot with the right hand, while with the left hand placed at the upper and posterior part of the leg, he exerted a gentle and continued pressure, in which he was aided by the hand of an assistant, placed on his own, and at the same time attempted to dislodge the head of the bone, by directing the thigh somewhat forwards and inwards. After a short time the head of the femur was found to have descended so considerably on the dorsum of the ilium, that it was estimated to be nearly on a level with the acetabulum. The thigh was now suddenly rotated outward, but it was found that the dislocation was not reduced.

This and a second similar attempt having failed, and as from the condition of the muscles, reduction in the ordinary way promised to be attended with little suffering to the patient, the lacs were applied, and extension being made to a very moderate amount, the dislocation was reduced with the utmost facility. Nothing subsequently occurred worthy of notice.

Peter Daly, aged 35, a remarkably athletic corn porter, of immense muscular developement, admitted August 4th—under the care of Mr. Williams.

About five hours before admission, while employed in shipping corn, his foot slipped, and he fell across the hatch-way of the vessel, the sack of corn which he was carrying falling from his shoulder on his thigh, he could not say on what part of the limb the weight fell, but the appearance of ecchymosis subsequently shewed that it was on the outer and lower part of the thigh. On being raised, he could stand with pain and difficulty, but was unable to walk.

On admission, the limb was about an inch and a half shorter than the opposite one, and was rotated inwards, the foot pointing in that direction, and the toes resting on the dorsum of the sound foot. The essential symptoms, in fact, were identical with those in the preceding case—shortening of the limb—rotation inwards, and permanent adduction—flattening of the buttock, and elevation of its fold—prominence and displacement upwards of the trochanter major—and on rotation of the limb, the head of the femur was felt to roll on the dorsum of the ilium, though obscurely, being covered with an immense mass of muscle. The limb was, however, in this case, rigidly fixed, as regarded abduction and rotation outwards.

Immediately on admission, an attempt was made to reduce the dislocation, the lacs were applied in the usual way, and extension made by three powerful assistants, but it was found impossible to overcome the resistance of the muscles.

About seven hours after the accident, Mr. Williams saw the patient, and resolved to again try M. Colombot's method, which was done precisely as in the pre-

ceding case; the mode of extension already described, was persevered in for about three minutes, with the effect of causing a scarcely perceptible change in the situation of the head of the femur on the dorsum of the ilium; the limb was now rotated outwards as in the preceding case, and the head of the femur re-entered the acetabulum, with the characteristic and in this instance extraordinarily loud report.

The patient experienced scarcely any pain, except at the moment when the reduction was effected on rotating the limb outwards. Immediately after the operation the symmetry of the limb was perfectly restored. From the second to the fourth day, the dislocated limb was, by measurement, fully three-fourths of an inch longer than the opposite one, but this elongation disappeared by the 6th day, and on the 18th August, the patient, as regarded the accident, was prepared to leave the hospital, but remained to have a small encysted tumor removed from the back of his leg.

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MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 1, 1841.

The very great importance, as well in an economical as in a scientific point of view, of the elaborate report of the Academy of Sciences, on the nutritive properties of various kinds of food, has induced us to devote a large portion of this day's PRESS to its publication, at length. Our readers, we are persuaded, will not only excuse, but thank us for not dividing this remarkable and most interesting document, even though giving it at length has somewhat diminished the variety of our present number.

MEDICAL RELIEF ON THE LOWEST TERMS.

On the 13th of July, Messrs. Nicholls and Phelan, the commissioners appointed to make a valuation of the professional labour of the physicians and surgeons of Ireland, issued an ordonnance, declaring that sixty pounds a year was "a fair remuneration" for the "attendance and trouble" of the medical officers of the South Dublin Union, because they were "persuaded that if the offices were now vacant, and the salary the same, candidates of *unexceptionable claims* would again come forward," and because "the *principle* of bestowing office upon men *who will take it upon the lowest terms*, must not be lost sight of," "by a board of representatives, who are the *trustees* of those they represent." So the board of guardians are not trustees, created by an act of the legislature to secure real substantial relief, medical as well as every other, to the destitute; but trustees of reluctant tax payers, instructed to obtain assistance, medical or general, for the unfortunate pauper "*upon the lowest terms*." We accept this, and similar admissions as a distinct avowal of the odious theory upon which this pretended poor-law is based. It is not real substantial relief which it is intended to provide for the poor, but such a plausible scheme, or system as will enable those who are pressed to make such provision, to turn round and assert that the object is effectually accomplished. It is not, and every one knows it is not a law to relieve the miserable, struggling, half-starved, half-clothed population of Ireland; but the crude conception of an ignorant brain-sick pretender, to make it appear that such a law is in operation. This, however, is only by way of digression, our object is to rivet the attention of our readers on the principle here avowed and adopted, "of bestowing office upon men who will take it *upon the lowest terms*." A principle we venture to assert, as unworthy, wicked, and impolitic, as could possibly be conceived. The question is not how the poor beggar, with a strangulated hernia, or inflamed lung, is to be saved, but how the "*trustees*" of the rate-payers can provide the semblance of relief "*on the lowest terms*." That's the real object contemplated, however disguised by flimsy professions, and heartless pleas of imperative necessity. True, we are as well as Mr. Nicholls, "persuaded that if the offices were now vacant, and the salary the same, candidates of unexceptionable (?) claims would again come forward," nay more, we are persuaded, that if the salary was reduced to one half, to one quarter, aye, down to one farthing, candidates whom he would call "unexceptionable," would "come forward," but an honest man would say that their doing so proved that they were not unexceptionable. Even, admitting for argument sake, that for the benefit of the rate-payers; their "trustees," the guardians, are justified in bestowing the office "upon men *who will take it upon the lowest terms*," is it just, is it generous, is it even honest to take advantage of the unfortunate condition of our profession, which compels men thus to resort to any course which affords the most remote prospect of ultimately obtaining a livelihood. Such a piece of mean chicanery we shall ever consider the resource of a narrow mind, and a direct proof of a propensity to attain desired objects by foul means when fair ones do not avail.

Notwithstanding, however, these avowals and assertions, we find that the worthy commissioners for obtaining medical relief for the poor "upon the lowest terms," have thought better of the matter, and in reply to another remonstrance of the guardians, have announced that after certain preliminaries, "they will be happy to comply with the request of the board of guardians, and reconsider their decision as to the proposed increase of salary to the physician and surgeon." How far this modification of their views may be owing to our advice, conveyed in the PRESS of the 18th ult., or how far owing to certain misgivings as to future prospects, we do not pretend to say; but certain it is, that there is a rustling among the straw which indicates uneasiness of the folk beneath. In the columns of one of the daily papers, we find a chapter from the precious report on the medical charities of Ireland presented to parliament four months ago, evidently inserted, thus out of time and place, at the urgent request of the author, and obviously for the purpose of showing to those who may not be so indulgent as former friends, that he has done something for the very heavy sums he has pocketed. If, however, he can shew no better claim to his enormous and disproportionate salary and allowances than this specimen affords, we venture to predict that he may receive an intimation one of these days, that Her Majesty has no longer any necessity for his services. The document to which we allude, is a "report on the medical charities of the South and North Dublin Unions," and a more stupid, worthless, unmeaning, and unsatisfactory report it has seldom been our lot to see in these days of stupid, worthless, unmeaning, and unsatisfactory reports. It is truly worthy of the fate to which it is destined, and will accompany very appropriately, similar blue books, of similar origin, to the chandlers and snuffmen, to the great improvement of the finances of the footmen of parliamentary gen-

tlemen. Parliament is told in this elaborate document, that "at *some* of these charities the subscribers state, that some controlling and regulating authority is much required, that the funds should be raised as a portion of the poor-rate, and that due provision should be made for a good local administration. Of this we have no doubt, but then it should have been added that these admissions were obtained by leading questions, personal boring, cunning, trap propositions, and similar contrivances, such as place-hunting poor-law commissioners resort to when they want to report that a new place is to be created, for which they are admirably qualified. There is, however, by way of compensation for all this, some important and valuable information afforded to parliament. At the Dublin General Dispensary, it appears that a dairyman having thirteen cows, was physicked, and that the doctors there give the patients no castor oil. At the south-eastern dispensary, leeches have been relieved from their duties on account of the poor-rate, and "Jervis-street Hospital is judiciously used for the care of the sick, *and for medical education.*" The latter intimation is most important to parliament and the public, and still more to the reporter's friends in that hospital, who, if we recollect rightly, got up the steam for him on a late occasion, when a little puffing was necessary; and although there was some difference of opinion as to matters of fact, the object contemplated was attained. We must, however, cut short our observations on this most elaborate and philosophic state paper, promising our readers, that if, at any time hereafter it shall be brought forward as a foundation for legislation, we shall be prepared to shew that not only is it utterly worthless, but from a variety of circumstances altogether unworthy of credit, notwithstanding its having cost the nation something about three or four thousand pounds.

POOR-LAW INTELLIGENCE.

South Dublin Union.—At the weekly meeting of the guardians on the 26th ult.,

Dr. Phelan attended to pay his respects to the board.

The following letter was read :—

"Poor Law Commissioners' Office,
"Dublin, 25th August, 1841.

"Sir—The poor law commissioners acknowledge the receipt of your communication of the 13th instant, containing extracts from the minutes of the proceedings of the board of guardians of the South Dublin union on the 12th inst., and with reference to the resolution in which the guardians request the commissioners to reconsider their letter of the 13th ult., relative to the salary of the physician and surgeon of the workhouse, the commissioners desire to state that it is their intention to have a complete investigation made into the medical relief given in the workhouse. Among the objects they have in view is that of ascertaining the demand which ought fairly to be made upon the medical officers for their time and labour. With the data thus acquired, the commissioners will be happy to comply with the request of the board of guardians, and reconsider their decision as to the proposed increase of salary to the physician and surgeon.

"By order of the board,
"Arthur Moore, Chief Clerk.

"To the Clerk of the Guardians,
"South Dublin Union."

Tuam Union.—At a meeting of the board of guardians held on the 16th ult.,

E. Blake, Esq., of Castlegrove, said, as the question of appointing vaccinators was to be discussed, he wished to know if there were any tenders sent in?

The clerk said there were, and read a letter from Dr. Hunt, of Tuam, proposing to contract for the districts of Tuam, Monivea, Headfort, Miltown, and Dunmore.

James Kirwan, Esq., Gardenfield, said they should endeavour to have it settled at once, or have done with it entirely.

R. Bodkin, Esq., Annagh, said, for the last three months, the question of vaccination had been under discussion, and it was not the least advanced since then.

The next tender was from Surgeon E. M. Davies, of Dunmore, for the divisions of Dunmore, and Miltown.

There was a proposal from Dr. F. L. Davis, for Dunmore district. It was considered informal, and passed over.

The next was a long letter from Dr. Ormsby, proposing for the Headfort district, and catechising the guardians for their negligence towards this important subject, and complaining of the great inconvenience medical men were put to, by their several adjournments of the question.

In the course of a conversation which followed, it appeared, that the medical attendants of the dispensaries in the district, had offered to vaccinate gratuitously, and it was suggested, that their proposal should be accepted, which was opposed by Mr. Assistant-Commissioner Burke.

The chairman, in order to get rid of the many resolutions, amendments, and counter-amendments spoken of, suggested the propriety of trying the question whether Mr. Hunt be appointed or not: if his appointment was carried, it would settle the question.

J. Nolan, Esq., Ballinderry (barrister-at-law), said he should move an amendment to that resolution, and would speak a few words on doing so. He was sure all persons knew the reason of this election and discussion. There was a certain class of medical men, who refused to accept of the terms offered them, because they would be sacrificing the honour of a respectable profession, by taking such a small sum, and less than that given their brethren in England; but then they came forward, and offered to do the work gratuitously, and if their proposal was accepted, the public would not be losers, but on the contrary, gainers. There was another class of men who have come forward, and accepted of this small sum, notwithstanding the exertion on the part of the others to uphold the character of their profession—an exertion which any set of professional men should consider well, before they interfered in it. He could never be a party to giving it to them at any price. The dispensary doctors very honourably came forward, and offered to vaccinate gratuitously—and he was sure, the business could not be injured by accepting their offer. Their reason for offering to accept it gratuitously is, to prevent those persons coming into practice, or making themselves remarkable, till they creep into business in the country (hear, and chair, chair). He wished to know why those persons who offered to do it gratuitously did not get it? Until the others offered to do it on the same terms, he would not at all consider their application. When they offered equal terms, he would then consider their claims and qualifications, and be for giving it to the gentlemen best qualified for the office.

Mr. Commissioner Burke said, he was sorry to hear the observations made use of by his friend Mr. Nolan, in describing the reasons which actuated the medical men of the first class on the occasion, that of entering into a combination, to prevent the junior party from getting into a portion of the practice—(hear, and chair). If such was well founded, and he trusted it was not, it was a most ungenerous act on their part, and should be discountenanced, rather than

encouraged. If the senior members of the profession to which he and his friend, Mr. Nolan, had the honour to belong, did so, it would be much against their future advancement in life, or in their profession at least; and he was sure Mr. Nolan would discourage such a practice in his own profession, if practised by the first class towards the second branch.

Mr. Nolan said he did not describe them as first or second class; they may be all equally respectable.

Mr. Burke—Then, there were two classes mentioned, and it did not matter which was first or second; but the class which acted as he described, acted most discreditably; and he would say, it was not derogatory to the profession to take a shilling for each successful case. Some of the most respectable of the profession have taken it. In Ballina, Dr. Devlin has contracted; in Swinford, Dr. Dillon has taken it; and many others equally respectable, who have given general satisfaction. And, in this instance, Surgeon Davies of Dunmore, has come forward, who, from his acquaintance with him, and he met him when on the medical inquiry in Dunmore, with Dr. Corr, he would say is one of the most intelligent, respectable, and best qualified young men he met with in his travels, unles his being a junior, is a discredit to him, according to Mr. Nolan's objection, which, he thought, could not hold good.

P. Egan, Esq. (solicitor), said, that at the bar provision had been made for the juniors, which was not at the other learned profession. At the bar a man with a silk gown dare not sign a declaration.

Mr. Nolan said, they always did where they got them.

Mr. Egan said, Mr. Nolan had more experience; but he was aware that there were many perquisites left them, such as drawing a declaration on a bill of exchange, and many other things, which any attorney could do—but still, they were obliged to have the signature of a barrister to them. There were few present, who had not undergone the ordeal of public opinion in some measure. He belonged to a profession himself, and knew the many difficulties that lay in the way of the juniors. It has been stated that if the dispensary doctors were appointed, the patients would come to them; he knew it would do them no harm—but still from the aversion of the people at present to it they will not come in. He would be, therefore, for the appointment of those doctors who would go to the village and attend them; and Mr. Burke remarked the expense would not exceed £20.

Mr. E. Blake said they oughtt o contract at once; the dispensary doctors offered their services gratuitously before, and they did not take it—they could not expect them to come to make offers of the kind, every day the subject was under discussion.

The question of Mr. Hunt's appointment and Mr. Nolan's amendment being put, there appeared for the amendment 4; against it 9.

Mr. Hunt was then declared for Tuam.

Mr. R. Bodkin, then said, as the shilling was to be given, he would move that only one district be given to each medical man.

Mr. Tully then proposed Surgeon E. M. Davies for Dunmore, which was seconded and carried unanimously.

Mr. Bodkin's question was about to be put, when Mr. J. Kirwan, Gardenfield, moved as an amendment, that Surgeon Davies be appointed to Miltown, which was carried by the casting vote of the chairman.

Mr. Blake then proposed Mr. Hunt for Monivea, which, being put from the chair, was carried without a dissenting voice.

Mr. John F. Browne proposed Dr. Ormsby for Headford. He was the first to come forward and satisfy the board as to his fitness for the office, and to accept the terms offered; he thought it too bad if he was to be passed over, now that the appointments were making.

Mr. C. Blake opposed the proposition.

It was suggested that the Headford district should not be filled up till the next day of meeting, to afford Dr. Little, who had a few days before come to reside there, an opportunity of proposing for it. After a great deal of discussion, it was put to the poll, when the amendment was carried by a majority of two.—*Tuam Herald.*

[Good news for Dr. Little, who may now reckon upon a fair start in life and a share of £20 to back him.—Ed. M. P.]

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, August 26.—Council met.

The Treasurer reported the receipt of the following sum:—

Dr. Lucas, Kilrush, 10s., renewal subscription.

Letter read from Dr. Maybery, of Kenmare. The Secretary was directed to supply the information required.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

1841.	Max.T	Min.T.	Barom	Rain.
Sunday Aug. 15,	68	55	29.668	.328
Monday 16th,	70	55	29.950	
Tuesday 17th,	66	55	30.050	.004
Wednesday 18th,	71.5	49.5	30.222	
Thursday 19th,	76.5	55	30.100	
Friday 20th,	71	59	29.750	
Saturday 21st,	69	52	29.750	
Sunday 22d,	59	47.5	29.720	.180
Monday 23d,	60.5	47	29.918	.405
Tuesday 24th,	69	46	30.250	.055
Wednesday 25th,	67.5	54.5	30.100	.105
Thursday 26th,	70.5	61	30.250	.020
Friday 27th,	76.5	57.5	30.300	
Saturday 28th,	73	58	30.264	

MAYO COUNTY INFIRMARY.

WANTED, a RESIDENT APOTHECARY to the above Institution. None need apply who are not fully acquainted with the duties of the Situation, and have attended for some time a Surgical Hospital. On Application to Dr. Dillon, Infirmary, Castlebar, all particulars may be had as to Salary, Duties, and time of Appointment, which will take place immediately.

COPLAND'S MEDICAL DICTIONARY.

FANNIN and CO., beg to apprise Subscribers to the above Work, that a new part is just Published, and may be had at their Establishment.

In consequence of the loss of their list during the late Fire on their Premises, F. and Co. will feel grateful to their Customers if they will send in their Names, in order that their copies may be forwarded without delay.

41, Grafton-street.

TO SURGEONS.

To be disposed of, in Liverpool, One-half of a Good General Practice. The elder partner is retiring in consequence of indisposition. The Junior partner paid £400 for his share not long since. Possession of the House and Furniture may be had at a valuation.

Terms, Cash.

Refer to Mr. James Gerrard, Druggist, 76, Old Hall-street, Liverpool.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, September 1, 1841

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXL.] DUBLIN, WEDNESDAY, SEPTEMBER 8, 1841. { PRICE SIXPENCE. STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XVIII.—
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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XVIII.

IN speaking of the remedies to be used in chronic diarrhœa, at our last meeting, I ought to have mentioned *monesia*, a medicine which has been lately introduced into practice. It is very fashionable, but so expensive that I have not often used it. In the trials which I happened to make of it, I did not find it superior, except in costliness and novelty, to other agents which we have long possessed. However, it is a very nice medicine, easily taken, and very efficacious in delicate persons, where the tone of the stomach and bowels is greatly weakened from any local or general cause. I am now using it with decided benefit in an old gentleman whose constitution has been shattered by one of those unhappy complications of the syphilitic, the mercurial, and the scrofulous poisons which we occasionally meet. The usual astringents failed or disagreed with him, and a chronic diarrhœa, with exfoliations from the cranium, was running him down, but the monesia has certainly checked the bowel affection and improved his appetite. I prescribed it thus—

℞ Infusi cascarillæ,
—— columbæ, aa. ℥iii.
Extracti monesiæ semidrachmam,
Tincturæ card. comp. drachmas tres.
Ft. Mistura, cujus sumatur uncia ter. in die.

Though I have called this gentleman old, he is not more than forty; but he looks older than some men of sixty, and at first sight you would all call him old. Well, now, though I don't think monesia has any very extraordinary powers, it is nevertheless extremely useful to have a variety of remedies, even if their efficacy should appear to be quite similar. It is of importance to change a medicine now and again, just as we find it useful to change the air of a patient, even though we may not be able to place him in a purer or a better atmosphere. Sometimes one medicine will hit off the complaint, sometimes another; or a medicine may cease to act beneficially; and if you change it for one of inferior virtues, the latter will for a time succeed, and then the other, if again used after an interval, will as it were recover its virtues.

You will not find any mention of monesia in your pharmacopæias, but you may read a very good account of it, by Mr. Donovan, in the MEDICAL PRESS, I think for January, 1840.

Here let me caution you against expecting from me an account of every remedy which may be used in every disease. To attempt it would exhaust your patience; and instead of a six-months' course I should require your attendance for as many years. The time allowed for these lectures will not permit me to give you many prescriptions, nor even to name all the remedies. But my talented colleague, Mr. Williams, in his lectures on materia medica, will manage that part of the business. Nor can I spare time for the detail of many cases—these you must try to see and hear of in your hospital. I can do little more than teach you *principles*, disregarding details. I have promised to teach the Principles *and* the Practice of medicine, but I believe I rather teach the Principles *of* the Practice. What I endeavour to do, you may have observed, is to give a pretty full account of the symptoms, and to explain as far as I can the true nature and pathology of each disease; then, having done this, I give my opinion on the principles of the treatment, without dwelling much or minutely on

details. The truth is, if you have a correct knowledge of the disease, which is what I ought to give you, and a correct knowledge of the various drugs, which it is *not* my business to give you, your own observation and reason will direct you in the administration of them better than any lecturer could; for every individual case requires its own individual management, and if you understand the principles you need not load your memories with many details.—Details will come by experience, and then they will be incorporated with your judgment, not merely learned by heart. I had much rather lead you to think for yourselves than to recollect what other men have thought. Not that you are to despise the latter—without it you cannot be *learned*, but you are to prefer the former—without which you cannot be *wise*.

These words bring to my mind some verses of Cowper, in which he contrasts wisdom and learning so well, that I must repeat them for you, if I can:—

> Learning and wisdom, far from being one,
> Have oft-times no connexion. Learning dwells
> In heads replete with thoughts of other men;
> Wisdom in minds attentive to their own.
> Learning, a rude unprofitable mass,
> The mere materials with which wisdom builds,
> 'Till smooth'd and squar'd, and fitted to its place,
> Does but encumber what it means to enrich.
> Learning is proud that it has learned so much;
> Wisdom is humble that it knows no more.

Well, so much for monesia and diarrhæa and wisdom. We now come to one of the most appalling diseases that ever scourged a guilty world, or with fear of change perplexed the nations: I mean *Cholera morbus*. Some years ago the very name of this fearful malady would cast a gloom over the social circle, and its occurrence in the neighbourhood would fill the stoutest heart with dismay. Like a destroying angel it stalked through the earth, and swept it with the besom of destruction; but happily the monster's days were numbered. "Hitherto shalt thou go and no farther" was pronounced against him, and now we look back on his short reign of terror with strangely mingled feelings of horror and of joy.

But cholera morbus was not always thus terrible: it was a peculiar form of it occurring at a particular period that was so much to be dreaded. We meet with it in two forms—the one comparatively mild, the other severe. The mild is known by various names as *common*, or *ordinary*, or *sporadic*, or *English*. The severer kind is called *malignant*, or *epidemic*, or *contagious*, or *blue*, or *spasmodic*, or *Asiatic*. I will first speak of the common or English cholera, such as it was before the formidable disease to which I just alluded came upon us, and such as it is again; then I will make a few observations on the malignant or Asiatic variety.

The common cholera has been observed in all ages and in every country. Hippocrates and Celsus, Sydenham and Cullen, speak of it at some length, and look upon it as a very formidable disease. Sydenham's translator (Dr. Swan) says—"For the most part it proves fatal, no distemper, except perhaps the plague and pestilential fevers, being so suddenly destructive as the cholera, especially when it attacks children, aged persons, and those who have been weakened bylong illness."

The definition of cholera which Cullen gives is, "Vomiting and frequent purging of a bilious humour; anxiety; gripes; spasms of the legs." He says it may occur as an idiopathic or a symptomatic affection, and the former in two varieties—1st, the *spontanea*, without evident cause, in warm weather; 2d, the *accidentalis*, from acrid substances in the stomach or bowels. He places it in the class *neuroses*, order *spasmi*, and in some cases it might appear to be very properly so placed; certainly it fits there better than diarrhœa does. But yet an affection which is marked principally by vomiting and purging, and by very copious secretions from the mucous membrane of the stomach and intestines, is more at home, as I think, where I now place it, even though it may be, as it generally is, accompanied with spasms, and though the nervous system may be, as it undoubtedly is, very much engaged either as cause or effect. I will discuss this point by and by, when we see a little more of the disease.

The name of this disease, cholera, is derived either from χολη, bile, or from χολεφα, a water-spout. If from the first I suppose the nature of the discharges with which it usually commences is designated, and if from the second, I suppose the peculiar manner in which these discharges are forced or spouted out was intended to be marked—just as we now say of a person vomiting freely, that he is "cataracting," or, for brevity, "catting." The word *morbus* being so constantly added would seem to favour the latter etymology.

Common cholera generally begins with diarrhœa, which may continue for some hours before the stomach gives way; but sometimes the vomiting and the purging come on together and with violence, as if the patient had swallowed a poisonous emetico-purgative draught. The skin is warm and dry, the pulse quick, the tongue rough and dry; there is great thirst, but a total distaste for food; some pain is felt in the bowels, and a flatulent distension in the stomach.—But matters do not long remain in this state; the vomiting and purging go on, but the skin, after a few hours, loses its heat, and falls below the temperature of health; a clammy sweat breaks out, and the extremities become cold, yet he complains of an internal burning sensation. The pulse increases in rapidity, but its force diminishes; it becomes weak, small, and often irregular. The muscles of the abdomen are seized with spasm, and painful cramps affect the lower extremities, rarely the upper. The urine is nearly suppressed. On the second day the discharges from the stomach and bowels continue, the countenance assumes a ghastly appearance, the features seem shrunk or pinched, the eyes hollow and sunk, the voice feeble and interrupted, the pulse faltering, and the strength prostrate. On the third day perhaps the discharges may have ceased, but the pulse can hardly be felt at the wrist; the body is cold and clammy, the weakness is extreme, the voice reduced to a whisper, and there may be hiccup. On the fourth day perhaps he expires, retaining his intellects clear to the end.

I have been describing a severe case, such as you do not often meet with, for common cholera is rarely fatal in these countries, except in very debilitated subjects. In general you find, after some time, that the vomiting and purging cease or diminish, the countenance loses its shrunk and ghastly look, warmth returns to the skin, the pulse resumes its fulness and steadiness, and the patient's strength begins to return.

The evacuations are usually looked after to help to guide us in the management of the case. The stomach rejects everything, and with considerable force, yet apparently without effort, as if it acted strongly on its contents by itself, without any help from the diaphragm or abdominal muscles. After the ingesta have been thrown up you have bilious vomitings, variously coloured, and probably the contents of the duodenum, together with copious secretions from the stomach. In some rare cases a sort of rice-water discharge may be seen, such as is common in the malignant cholera; and in other rare instances blood may be thrown up. The dejections are frequent and copious, discharged with force and without effort, just like what occurs in the case of the stomach. They

are at first like ordinary free motions, then very thin, and contain a large quantity of bile; afterwards they become more pale and watery.

When the patient has got over the usual symptoms of cholera, he may still have a gastro-enteritis to contend with; the appetite does not return, the weakness continues in a degree, the pulse continues frequent, or resumes its frequency, with a sharpness and wiriness to the touch; the tongue is red, dry, and glazed, or papillated and rasped, sometimes thickly furred.—There is great thirst, perhaps nausea, and on pressing the epigastrium he complains of uneasiness there, or in some other part of the abdomen, and the skin of the part feels hot and dry.

Well, how are you to *diagnose* cholera? How will you distinguish it from other diseases? I don't think there is any other disease which much resembles it. The abundant vomiting and purging are characteristic. For in enteritis, diarrhœa, and dysentery, you have little or no vomiting, and in gastritis you have no purging; and at all events the mode of performing these acts is very different in the respective cases. Then there is no tenderness in cholera. But how are you to distinguish the common from the malignant form? I will tell you that by and by, when we come to this form. The effects of irritating poisons may resemble cholera, but the history, the matters ejected, the greater pain, and the more violent straining in cases of poisoning, will soon clear away your doubts. Besides there oftener is bloody vomiting, a burning sensation in the throat, and perhaps bloody and scanty stools in poisoning.

The *exciting causes* of cholera appear to be sudden changes of temperature, or cold nights after warm days, such as we find in autumn; cold drinks when the body is heated; acid and unripe fruits, half-boiled vegetables, rancid or unsound meat; noxious effluvia from sewers or cess-pools; and even strong mental emotions. Sydenham held that true cholera morbus occurred only about the month of August, and that diseases resembling it at other periods of the year were of a totally different nature. And according to his favourite theory of epidemic constitutions, he says, "As if there lay some peculiar disposition in the air of this particular month, which is able to impregnate the blood, or ferment of the stomach, with a kind of specific alteration, adapted only to this disease. It comes almost as constantly at the close of summer and towards the beginning of autumn, as swallows in the beginning of spring, and cuckoos towards midsummer." We do not now find it quite so systematic in its visitations, nor are we to wonder at it, for even the swallows and cuckoos begin to be a little perplexed by the spots on the sun, and the icebergs.

As to the *proximate cause* of common cholera, it would seem to be an irritated state of the mucous membrane of the stomach and intestines, occasioned by the improper substances applied to it, or by its sympathy with the skin, which has been chilled and checked in its functions. The liver has by some been supposed to commence the chain of morbid actions, and that its altered and abundant secretions set the digestive tube astray; but most probably it is only secondarily affected, as we do not always find it engaged. Others have supposed the disease commenced in the nervous system, as the spasms and cramps are so marked; but here again I would say the nervous affections were secondary. We do not find them at first, nor in every case; and when they do occur, it is as easy to explain them by sympathy as the altered actions of the heart. It must, however, be confessed that the pathology of cholera is not very clearly made out, and that the nervous system plays a very important part in the affection. Post-mortem examinations throw but little light on it. At an early period, if death occur, little or no morbid change can be perceived; but at a later period we often meet an extensive gastro-enteritis. This very much favours the idea that cholera depends on an inflammatory state of the mucous membrane, or at all events on that state of irritation and exalted sensibility which is the immediate forerunner of inflammation, but yet is capable of being allayed before actual inflammation sets in.—Still the question returns, does this irritation depend on the state of the nervous system, or is it purely local?

The *treatment* of cholera is thus spoken of by Sydenham—you see I am fond of this fine sensible old writer, though his language is quaint, and his theories not always orthodox—he says, "much consideration and experience have taught me, that to endeavour on the one hand to expel the sharp humours which feed this disease by purgatives, would be like attempting to extinguish fire with oil, as the most lenient cathartics would increase the disturbance and raise new tumults. And on the other hand, to check the first effort of the tumour in the very beginning, by opiates and other astringents, whilst I prevented the natural evacuation, and forcibly detained the humour in the body, would doubtless, destroy the patient by an intestine commotion, the enemy being pent up in the bowels. These reasons, therefore, led me to keep the middle path, viz., partly to evacuate, and partly to dilute the humour; and by this method which I found out, and experienced many years ago, I have always conquered this disease. Let a chicken be boiled in about three gallons of spring water, so that the liquor may scarce taste of the flesh; and let several large draughts of it be drank warm, or, for want of it, of posset-drink. At the same time, a large quantity of the same is to be given at several times, successively, by way of glyster, till the whole be taken in and discharged by vomiting and stool. Thus the sharp humours are either evacuated, or, their acrimony being blunted, restored to their due temper and mixture. When this business is over, which requires three or four hours, an opiate completes the cure. I frequently use the following:—

> Take of cowslip-flower water an ounce;
> Aqua mirabilis, two drachms;
> Liquid laudanum, sixteen drops. Mix.

If the physician be not called till the vomiting have continued for ten or twelve hours, and the patient is exhausted, and the extremities are grown cold, he must then, omitting all other remedies, have immediate recourse to *laudanum*, the last refuge in this disease; which is not only to be given during the urgency of the symptoms, but repeated every morning and night after the vomiting and looseness are gone off, till the patient recovers his former strength and health."

The general plan of treatment which I would recommend differs but little from that laid down by Sydenham. Mild diluent drinks in the first instance, and then opiates seem to me to be the remedies chiefly deserving of confidence. Of course I would not confine you to chicken broth, but it certainly has a very grateful flavour, and serves to allay the nausea while it acts as a diluent. Barley-water, meal-tea, or whey may be substituted according to convenience. Soda-water is still better, and a few drops of laudanum may be taken with each draught of the soda-water every hour. If we do not see the patient until the vomiting and purging have continued some hours we may at once administer our opiates freely. Twenty drops of the tincture of opium may be given in an effervescing saline draught, or in an ounce of the compound infusion of mint, and this may be repeated

for two or three doses at intervals of an hour. Or we might order thus:—

℞ Carbonatis sodæ ℥iij.
Bicarb. sodæ ℥i.
Tinct. opii. drachmam.
Syrupi sacchari albi ℥ij.
Aquæ ℥vij. misce—sumat unciam misturæ, cum semuncia succi limonis, in impetu effervescentiæ, omni semihorâ.

Sometimes it is necessary to apply sinapisms to the epigastric region, which greatly divert the internal irritation. We also apply warmth to the feet, and frictions to the legs when they are cramped. The dry-hand rubbing is good, the soap liniment, with camphor and opium is better. Should collapse have set in, we may give our laudanum on burnt brandy—or have recourse to ether, camphor, ammonia, and other stimulants, as the necessity of the case may point out. Acetate of lead, with or without opium, and calomel variously combined with opium, must sometimes be had recourse to, when other measures fail. We will have to speak of these remedies in the treatment of the malignant cholera, and I need not dwell on them now. Opiate suppositories and injections may also be required.

If there be a tenderness on pressure in the epigastrium, a few leeches applied to that part will have a more beneficial effect than you would be prepared to expect; and indeed I would be inclined to use leeches, even without this tenderness, where the vomiting is very obstinate. Although inflammation may not actually have set in, there is a state of irritation there, which is so nearly allied to it, that the local depletion affords the most marked relief; and it also serves to lessen the probability of an after attack of gastro-enteritis. If I found it necessary to apply leeches, I would also be inclined to use calomel and opium—two grains of calomel, and half a grain of opium every second hour for four or five doses, and then at longer intervals.

When the cholera is fairly gone, and that a gastritis or gastro-enteritis succeeds, you will treat it as such according to the principles which we established, when speaking of these affections.

When a patient is recovering from an attack of cholera, his diet ought to be very light, such as arrow root, sago, vermicelli, gruel, and such like. You may also use broth sparingly, but if you endeavour to remove the debility, as he or his friends will wish, by strong food or stimulants, you will put him in for a gastro-enteritis, which he might have avoided, or for a fever, or a relapse. The bowels sometimes, often indeed, become torpid after cholera, as if fatigued by their efforts. You need not be in a great hurry to move them, but if two or three days pass without a motion, you had better give a mild common enema, and if this be not satisfactory, give ten or fifteen grains of rhubarb, in a couple of ounces of the solution of magnesia, to which you may add five drops of laudanum, by the way of reconciling the bowels to this new irritant.

We now come to the more alarming form of cholera.

[As the remainder of this lecture only forms the commencement of the subject of the next, we reserve it for publication with the latter.—Ed. M. P.]

ON THE SOUNDS AND MOTIONS OF THE HEART.

By M. Cruveilhier.

[A brief notice of the interesting case which forms the subject of the following observations has been already inserted in the Press No. CXXXIV. M. Cruveilhier's observations having been since published in full, we take this opportunity of laying them before our readers.]

On the 9th of last July, M. Monod requested me to see a child born that day, that presented a most remarkable malformation. At 10, P.M., I saw the infant which was born at 1 P.M., and died at 3 next morning.

The heart of the infant, (which was in other respects well and strongly formed), was situated external to the thorax, from which it had escaped through a circular orifice, occupying the upper part of the sternum; this orifice seemed to be modelled on a kind of peduncle formed by the great vessels entering and given off by the heart. The heart was as completely exposed as in an animal, whose sternum had been removed and the pericardium incised; its colour was so pale that at first I thought it was covered by its fibrous envelope; its surface was dry.

The position of the heart changed with the position of the child; when the trunk was erect, obedient to its own weight, it obviously descended in front of the sternum; the vessels forming its peduncle then appeared in front of the perforation in being drawn forward by the weight of the organ, and this traction was painful, for the contractions of the heart were accelerated, and the infant uttered cries, which ceased when it was replaced in the horizontal position.

The axis of the heart was vertical, and as usual oblique. Touching the organ, and even exerting on it gentle pressure, did not disturb its action, or seem to produce any pain.

The ventricular portion of the organ is essentially formed by the left ventricle. The right ventricle constitutes but an appendix, and does not in the least contribute to the formation of the apex of the organ.

In the natural position of the heart no part of the auricles are visible, save their cornua, which project slightly at each side of the base of the heart. In order to see the body of the auricles, the heart must be turned up, on doing which, the infant uttered loud cries. The auricles seemed to me to be relatively, but little developed.

This seemed an admirable opportunity to study the motions and sounds of the heart. The following were the observations I made, conjointly with M. Monod, and the pupils of the Maison Royale de Santé.

A.—Motions of the Heart.

1. The ventricles contracted isochronously, as did also the two auricles.

2. The contraction of the ventricles coincided with the dilatation of the auricles, and with the projection of the blood into the arteries. The dilatation of the ventricles coincided with the contraction of the auricles and of the arteries.

3. There are but two periods in the motions of the heart: the period of contraction, and the period of dilatation; the period of repose, admitted by some, does not exist. The contraction immediately succeeds the dilatation, which is again instantly followed by the contraction.

4. When observing the naked heart, the question as to the order of the succession of the motions of the heart, to wit, whether, as most observers maintain, the contraction of the auricles precedes the contraction of the ventricles, or on the contrary, the contraction of the ventricles precedes that of the auricles; this question has in fact, no meaning. It appears that the contraction and dilatation of the auricles and of the ventricles result from two antagonist forces always in activity, which alternately, and of necessity prevail one over the other in an invariable order after the manner of the alternate motions of a pendulum.

5. The duration of the contraction of the ventricles, is double the duration of their dilatation. If

the total duration of the ventricular systole and diastole be divided into three equal periods; two of these periods go to the contraction, and one period to the dilatation; the period of repose of the heart admitted by some authors has been taken from the first period of the contraction. As to the auricles, if the entire duration of the auricular contraction and dilatation be divided into three equal periods, two of these periods go to the dilatation, and one to the contraction.

6. During their systole the ventricles get pale, their surface becomes rugous and wrinkled. The superficial veins swell, the outline of the carneæ columnæ of the right ventricle become manifest, and the spiral fibres of the summit of the left ventricle which alone constitute the apex of the heart, become more obvious.

7. During their systole the ventricles are diminished in all their diameters, and if their diminution in length is the most obvious, this is only because of the preponderance of their vertical diameter. During the ventricular systole, the apex of the left ventricle, *i.e.*, the apex of the heart, describes a spiral motion from right to left, and from behind forwards.

8. It is to this spiral contraction, which is slow, gradual, and as it were successive, that the motion forwards of the apex of the heart, and consequently the percussion of the apex against the thoracic parietes is owing. The ventricular systole, is not, as I had previously supposed, accompanied by a motion of projection of the heart forwards: it is the spiral contraction exclusively which projects the summit of the heart against the parietes of the thorax.

9. The diastole of the heart occurs suddenly and instantaneously; at first sight it appears to constitute the active motion of the heart, it is so rapid and energetic. It cannot be imagined with what force the dilatation overcomes any resistance. The hand when grasping the heart is forcibly opened by it.

10. The ventricular diastole is accompanied by a motion of projection of the heart downwards. This motion was at its maximum when the infant was placed in the vertical position. This motion is so decided, that at first I was inclined to think that it was during the ventricular diastole that the percussion of the heart against the thoracic parietes occurred; an idea which I had also formed from a former experiment on a frog; but an attentive examination of the phenomena, showed that it was during and at the termination of the ventricular systole that the percussion of the apex of the heart against the parietes of the thorax occurred.

11. The dilatation of the auricles occurs as suddenly as that of the ventricles, but its duration is marked by the duration of the systole of the ventricles; the contraction of the auricles is on the contrary as brief as the diastole of the ventricles.

12. The right auricle during its dilatation seems ready to burst, so distended is it, and so thin are its parietes. The left auricle, narrower, larger, and thicker, does not present the same phenomena, at least so decidedly.

B.—Sounds of the Heart.

1. When the ear was applied to the heart, its double sound was heard, the first sound being much feebler than when heard through the parietes of the thorax. It is then evident, on the one hand, that the cause of this sound is inherent in the heart itself, and on the other, that the first sound is increased by the thoracic parietes. It must not be thought that in this case the feebleness of the sound was due to any feebleness of the pulsations of the heart, for the organ pulsated vigorously: the infant seemed exceedingly vivacious.

2. The double sound augments as we ascend from the apex towards the base of the heart, and diminishes from the base to the apex; whence it results that the cause of the sounds is to be sought at the base of the heart.

3. On applying the finger on the origin of the pulmonary artery, which, as is known, lies anterior to, and completely conceals the aorta, there was felt a perfectly clear and distinct vibratory thrill, which corresponded to the contraction of the artery, and consequently coincided with the ventricular dilatation. This vibratory thrill was feebly sensible at the moment of the dilatation of the artery, and consequently of the contraction of the ventricle.

4. What does this vibratory thrill imply? As it was impossible to apply the ear directly on the point which corresponded to the perforation of the sternum, I used my index finger as a stethoscope, and applying the ear to my finger I recognised as distinctly as possible a decided click (*bruit de claquement*). I, M. Monod, and the pupils, several times repeated this experiment, and always with the same result.

5. I in vain sought for a double sound; there was but a single sound, loud and short as that of the second sound of the heart; and this sound corresponded with the contraction of the artery, and consequently with the depression of the sigmoid valves pushed back by the column of the blood. The intervention of the finger as a stethoscope had the advantage of combining the sensation of touch with that of sound.

6. The cause of the second sound was manifestly then the vibratory thrill of the pulmonary and aortic sigmoid valves reflected by the column of blood which tends to retrograde at the moment of the contraction of the artery. This second sound coincided with the dilatation of the ventricle, and was as brief as it; it equally coincided with the contraction of the auricles.

7. It remained to determine the cause of the first sound. Impressed with the idea that this sound originated in the motions of the auriculo-ventricular valves, I applied my finger all round the circumference of the base of the ventricles, to ascertain whether there did not exist at the level of the mitral and tricuspid valves some vibratory thrill similar to that perceptible at the level of the sigmoid valves; but in vain, no thrill could be perceived. The ear was applied on every accessible point of the base of the heart—*i. e.*, on the anterior moiety of its circumference, both immediately, and mediately on the finger used as a stethoscope, but nothing of the kind was heard; and this experiment repeated several times, convinced me that the mitral and tricuspid valves are completely aphonous, as are all the points of the surface of the heart other than the pulmonary and aortic orifices, and that consequently the source of the first sound was to be sought elsewhere.

8. But if the first sound is not situated at the auriculo-ventricular valves; if all the other points of the heart are in themselves equally aphonous, and if the sounds they communicate to the ear are transmitted sounds, was it not possible that the first sound had the same site as the second, *i. e.*, the aortic and pulmonary sigmoid valves; that the first sound was the result of the replacement of the sigmoid valves elevated by the wave of blood projected by the ventricle, just as the second sound is the result of the depression of the ventricles pushed back by the retrograde motion of the blood? This idea, which suddenly flashed across my mind, appears to me to be converted into certainty by the following considerations:—

A. In this infant the maximum intensity of the first sound was at the same locus as the maximum intensity of the second sound.

B. The first sound was of exactly the same nature as the second sound, save as regards its intensity, which was less; and its duration, which was shorter.

C. If the first sound is situated, like the second, at the sigmoid valves, it follows that all the diseases of the sigmoid valves should alter these two sounds; but this is what constantly occurs. In all the observations which I have collected on this point, I find that the two sounds are altered in their tone (*timbre*), which had assumed the character of a soufflet, and become more or less rough (rapeux).

D. It is not surprising that no sound accompanies the motions of the auriculo-ventricular valves, seeing that these valves are not free but are confined by the cordæ tendineæ. Add to this that as the contraction of the ventricles is effected slowly, and so to say successively, the motion of the apex of the heart towards its base, and consequently the elevation of the auriculo-ventricular valves should occur in the same manner, and consequently without vibration. Furthermore, it is evident that if the mitral and tricuspid valves become thickened, these valves would become more or less vibratory, and the thence resulting sound would be confounded with that of the sigmoid valves.

E. It will be objected—if the site of the sound is at the sigmoid valves, why is the maximum intensity of the first sound at the apex of the heart, and not at the base at the level of the valves? Doubtless, at the bed-side the first sound is at its maximum at the point of the heart, when the ventricles contract vigorously, so that the apex of the heart strikes forcibly against the costal cartilages; but when the ventricles contract feebly, and that consequently the percussion against the thoracic parietes is also feeble, I can give an assurance that it is behind the sternum at the level of the pulmonary and aortic orifices that the maximum of the first sound is heard; that it is also behind the sternum, and sometimes behind the sternum alone, that I could hear the first sound in dropsy of the pericardium. Let it not be forgotten that the first sound is compounded of two distinct phenomena—1, of the valvular sound; 2, of the shock of the apex of the heart against the ribs; and thence it is that in anemia, in chlorosis, and in certain organic diseases of the heart, the first sound is so sonorous as to have somewhat of a metallic resonance, and sometimes to cloak the second sound.

Similarly, if the diaphragm was osseous or cartilaginous, were it resonant on percussion, it would be at the xiphoid cartilage at the moment of the ventricular diastole that the second sound would be at its maximum, because of the sudden depression sustained by the heart during that diastole. This is the reason that, when the heart contracts forcibly, it is easy to perceive, both by sight and touch at the epigastrium, an elevation which alternates with that of the intercostal spaces struck by the apex of the heart, whence results a very remarkable undulatory motion, alternating between the supra-mammary and the epigastric regions.

Conclusions.

It seems to result from these observations, that the two sounds of the heart are seated at, and originate in the pulmonary artery and the aorta, and that their cause is the clicking of the sigmoid valves; that the first sound which coincides with the ventricular systole and the dilatation of the arteries, is the result of the replacement of the previously depressed sigmoid valves; that the second sound, which coincides with the ventricular diastole, and with the contraction of the arteries is the result of the depression of the sigmoid valves, pushed back by the retrograde wave of blood; that on the one hand, the simplicity of this theory, the easy and natural explanation it affords of all the facts within my knowledge may be invoked as evidence of its truth; that on the other the considerations into which I have entered, may be esteemed as equivalent to a direct and rigorous demonstration; that the failure of perceiving the second sound with the finger applied as a stethoscope round the arterial openings, is not a peremptory argument against the doctrine that I advocate, for it occurs every day, that the ordinary stethoscope fails to transmit to the ear, both feeble sounds of the heart, and feeble sounds of respiration. Finally, may we not conclude, that the first sound of the heart is seated at the sigmoid valves, from the mere fact, that it is not situated in any other locality.—*Gazette Medicale.*

NOTES ON THE TREATMENT OF CHRONIC PLEURISY, WITH EFFUSION.

By the late James Hope, M.D.

The following paper must possess a high interest for our readers, when we inform them that it was commenced by Dr. Hope, during his last illness, and concluded on his death bed. Unable to comple it as he could have wished, he was compelled to dictate it in the shape of notes, which he finished only four days before his decease. To those who knew Dr. Hope well, this zeal for science and his fellow-creatures will occasion no surprise. It was consistent with the character of the man, who died as he had lived, an accomplished physician and a good man.

The symptoms of chronic pleurisy, with effusion more or less filling one side of the chest, are perfectly well described by systematic writers, as Dr. Law, (Cyclop. Pract. Med. p. 395 *a*.) yet there is no class of affections more habitually overlooked by the bulk of the profession than this—certainly one of the most destructive to life, if neglected beyond a certain period. I am glad to notice that Dr. Stokes makes a similar remark. Some fault attaches indeed to the systematic writers alluded to, for their mistaking the state of anæmia, with its quick pulse, for irritative fever, by which they not only mislead themselves but also their readers, as to the nature of the patient's condition, and, consequently, as to the appropriate means of cure. It has resulted from this, that a far too unfavourable impression of the curability of chronic pleurisy with effusion, or empyæma, as it is called after a certain time, has become prevalent. Dr. Law thinks more favourably of the possibility of cure. He with justice, however, excepts tubercular cases, and those in which the patient is not assisted; yet I think that he is mistaken in supposing that a copious evacuation from some other organ may not occasionally prove critical and empty a chest. A case occurred to me in which absorption did not commence so soon as I expected: namely, within a week, when the patient was attacked with hypercatharsis to the amount of 60 watery evacuations in two days. The chest, meanwhile, which was dull within two inches of the left clavicle, and had the heart protruded to the right side of the sternum, had completely emptied itself, and the patient recovered.

Broussais met with only one favourable case out of 18. Laennec's view was equally gloomy, and Dr. Townsend's is no less so: Dr. Thomas Davies feels the same so strongly, that he hurries on the operation of paracentesis at a very early period of the disease—a circumstance which is the main cause of the unusual success of the operation in his hands. From this aggregate of unfavourable opinions it results that, at the present time, there is a prevalent doubt whether the fluid of empyæma is ever absorbed. This fluid, it may be remarked in passing, may be either sero-fibrinous and albuminous, or contain pus in any degree up to its pure condition. This seems to be now a settled question, and I think it ought to be so, as the fluid, in healthy subjects, kills not by its quality, but by suffocating.

I cannot feel surprised at this want of success in

the cure of empyæma, when I notice the unsettled, vacillating, inadequate treatment recommended even by those writers who think most favourably of the possibility of a cure.

Dr. Law's treatment comes nearest to that which I have found effectual, but he is too timid in continuing the gentle use of mercury, from fear of its inducing irritative fever and hectic. This supposed irritative fever, however, is, in most cases, nothing more than excitement of anæmia (a fact of which he does not seem to be at all aware, as even in the convalescent period, he does not even name iron as a remedy), and the hectic is a necessary consequence when the fluid is pus, and this is diffused through the whole circulation by the process of absorption. I have steadily continued the gentle external use of mercury through the most violent hectic, coming on twice a day in tremendous paroxysms; while I have counteracted this by the free use of mineral acids; and by a diet, not only of strong broth at luncheon, but of animal food at dinner—the patient's tongue being clean, and his appetite and digestion always good.

Dr. Townsend seems principally to follow Broussais (phlegmasie chronique), and Laennec, neither of whom make use of mercury, and the former would only venture on a blister as an experiment! He, likewise, falls into their great error of mistaking anæmia for fever, and, therefore starves the patient at a moment when there is a great demand for animal nutriment in any way in which it can be borne. The treatment of Dr. Thomas Davies is that of calomel and opium, and counter-irritants in the first stage, but he thinks these inefficient in the stage of chronic effusion. He, therefore, as already stated, hurries on the operation of empyæma. The writer on pleurisy in the Library of Practical Medicine (Vol. III. p. 124) seems to have but an indifferent opinion of the curability of chronic pleurisy with effusion. After the third week or so, he thinks mercury of little benefit, and that it is even injurious when the hectic stage comes on; but approves of counter-irritants, and follows Dr. Stokes in his approbation of the use of the hydriodate of potass, to act both as an alterative and a diuretic; also of the iodide of iron.

Dr. Stokes, whose writings on pleurisy I had not the pleasure of seeing till long after I had commenced my own observations, I find to be far the most successful in his treatment of chronic pleurisy and empyæma. In an excellent chapter, containing a considerable portion of original matter—some, perhaps, a little fanciful—he mentions that he cured 20 cases running, by the use of a pint daily of cold solution of Lugol's iodine, and from a quarter to half an ounce of the ointment rubbed into the side. He is, likewise, very favourable to the use of blisters.

I have myself been instrumental in curing 35 cases consecutively, during the space of four years, but principally two years and a half, while I was assistant-physician to St. George's Hospital, no cases having been withdrawn, or added from an anterior date, except three; the 1st was Mr. Garnett, whom I saw about 1833, who had also fatal ulceration of the bowels; the 2d, the Rev. Mr. ——, whom I saw about 1833; the 3d, an out-patient of St. George's, whom I found to have tubercular disorganisation of the lungs, and whom I, therefore, transferred to Dr. M'Leod, as an in-patient of St. George's. Paracentesis was practised; the tubercles were found; and he died from inexpansion of the lung; which was bound down to the spine. The remainder of the cases all dated within three months, as well as I could make out by most carefully catechising the patient respecting the first feeling of pleuritic pain or ailment of any kind. The pain was frequently forgotten, until the patient was perhaps asked whether he had not had a little lumbago, pain in the back, &c. Nor is this surprising; for copious effusion very soon relieves pleuritic pain. A very great proportion dated within two months, and from that time down to three weeks or a month. I seldom saw them earlier than a month, as they were either neglected and misunderstood cases amongst the out-patients of St. George's, or private patients whom I was called to see in consultation at a late period of the disease; the complaint of the latter having, with few exceptions, been also overlooked.

The following is a list of the previous duration of the disease in all my private cases, amounting to 17; but I lament to say, that I cannot at present give the dates of those, 18 in number, who were out-patients of St. George's, and the notes of whose cases I drafted out of 15,000 notes of cases, which I saw at St. George's (for I took notes of almost all). The notes of these 18 cases having been separated from the others, I have unfortunately mislaid them. Unless, therefore, I recover them, I must trust to the confidence of the public for the accuracy of the facts. They were all demonstrated, as they occurred, to the students of St. George's.

Coachman of Sir Clifford Constable's, ill a fortnight, but previous bronchitis.
Miss Caldow, ill from two to three weeks.
Robert Watts, ill eighteen days.
Mr. Smith, ill three weeks.
Mr. Tapson, ill a month.
Patrick Millerick, ill a month.
Mr. Eade, ill five weeks.
Mr. Garnett, ill six weeks.
Henry Wade, ill two months.
Mr. Downing, ill two months.
Aldersgate-street student, under Mr.——, for supposed phthisis—had supposed lumbago nine weeks before.
Miss Miller, disease of ten weeks, standing for two months.
The Rev. Mr. Barter, two months and a half, but previous pneumonia.
Mr. Hamilton, ill three months.
Eliza Gray, ill three months.
Mr. Morgan, stitch in back three months before. Ill ever since.
The Rev. Mr.——, ill upwards of three months.

As I have not leisure to continue this paper at present, I subjoin the following memoranda of how I shall proceed, if time permit.*

The private cases, being in great detail, and in general features greatly resembling each other, it would be useless to give the whole in full. Therefore, pick out a few which give at length, as general types—for instance, Miss Miller, Mr. Morgan, and Sir Clifford Constable's coachman—the remainder insert in an abbreviated form, together with such of the out-patients of St. George's as I can recall to memory, though I have lost the notes of their cases.—Shew that I used mercury in all degrees of intensity, so as to ascertain what quantity was the most effectual, but at the same time, least injurious.—Shew that I always used opium, in full proportion, with the mercury, and that I used the milder and the external forms when the others could not be borne—thus taking *especial* care to protect the mucous membranes. Add, that I found prompt and free salivation by calomel and opium, and the use of one or two drachms of ointment on each groin, and axilla night and morning for 48 hours (in conjunction with the other remedies presently to be specified), produce the most rapid and satisfactory effects of absorption in cases

* It will be observed that, from this point, the form of private notes is adopted.

where the dyspnœa and faintness seemed to me most urgent and dangerous. It was quite common, and, in fact, occurred in the majority of cases, that the fluid descended one-third, and still oftener one-half, down the chest, within the space of 48 to 60 hours, carrying with it the extreme dyspnœa and faintness, to the great relief of the patient.

Say that blisters were used from the first, and that the following became my settled plan of managing them. One blister 6 inches long, and 3½ broad, exclusive of margin, was placed longitudinally over, and a little to the outside of the angles of the ribs, leaving space for another of a similar size between the first and the spine. Great care was taken not to remove the cuticle (one means of which was to cover the surface of the blister with silver paper), as this forms by far the quickest healing plaster; but after about 48 hours, during which the running was absorbed by dry napkins, carefully prevented from adhering, it became requisite to cover the whole with the mildest soap-plaster, spread on soft calico, to prevent the cuticle from being accidentally abraded. In this way all irritation promptly subsided, that is, in the course of from two to three days, and the patient was ready for the second blister, which was placed between the first and the spine. It was similarly treated; and, at an equal interval, a third was placed in front of the original one; that is, rather forward in the axilla. When pain indicated the possibility of a pleuritic stitch in any part of the side, it is needless to say that the first blister was placed over that.—Say that diuretics are conjoined: viz., Squill; Sp. Æth. Nit.; juniper; iodide of potassium, and, when there is no irritation of the mucous membrane, the various other preparations of potass. Digitalis, by creating faintness, is apt to confuse the symptoms; I do not, therefore, use it till later. Where all these remedies had failed for two or three days, and dyspnœa continued as urgent as ever, I have occasionally used a powerful hydragogue, as half a grain to a grain of elaterium, combined with calomel and capsicum to prevent nausea; or the pulv. jalap. comp. 3j.; so as to produce ten or twelve copious watery evacuations per day, stimulants being at hand in case of any sinking tendency. The effect of this has on several occasions been perfectly satisfactory, absorption in the chest having now made rapid progress. I derived this idea from a case already alluded to, in which a patient had an accidental hypercatharsis to the amount of 60 stools in two days, which emptied the chest in the same space of time. The patient is better in bed, both because it favours gentle transpiration and obviates faintness.

Remind that, hitherto, I have been treating a case in which the dyspnœa seemed imminently dangerous, and the most vigourous use of remedies, consequently indispensable; but now explain that inconvenience sometimes resulted from hypersalivation; for, notwithstanding an immediate suspension of the mercury either on the first appearance of tenderness of the gums, or of amelioration of the symptoms—especially the dyspnœa and obvious commencement of absorption, untoward salivation would occasionally occur, and greatly retard the convalescence.—Explain that, on several times observing this, and having reason to believe that the patient could bear the dyspnœa with safety for some hours longer, provided he were prevented from rising, which creates faintness (case of Mr. Smith, barrister), I used more moderate quantities of mercury, being content to affect the gums within three or four days. In this way, the action of the remedy was easily controlled, either by omitting the mercury for two or three days if its action threatened to be considerable, or by merely diminishing it according to the evidence of the mouth and of the symptoms. I found, however, that it did not answer to suspend it altogether, but that a continuation of it daily in a mild form, as a blue-pill night and morning, or at night only, for the purpose of maintaining the first impression for a period of two or three weeks, or, in short, until all the disagreeable symptoms had disappeared, was attended with far better success.—Explain, further, that the great acceleration of pulse, which rises commonly to 120 or 130, and in young persons even to 150 or 160, and which is attended with what the patient calls "internal fever," thirst, craving for cold drinks, and dryness and heat of skin, is not necessarily a result of fever, but it *is* necessarily a result of anæmia, occasioned by the deficiency of oxygenation from the total incapacity of one lung at least. Here was the error made by Broussais, who supposed this to be fever, and put his patient on the lowest diet. On the contrary, acting on the opposite principle, I always supply my patients with at least one or two pints of concentrated beef tea, or plain ox-tail soup; and, if the state of the tongue and the alimentary canal fully authorizes it, I permit them tender old mutton or beef for dinner. On this treatment, the pulse and "internal fever" rapidly fall in proportion as the anæmia disappears.

Next proceed to those cases in which hectic is established, resulting for the most part, I should imagine, from the fluids being of a puriform character—for, after a month or six weeks, and sometimes much earlier if the inflammation have been very intense, it assumes this character. Allude to the opinion pretty prevalent that mercury is injurious in such cases, and say that I have not found it so, but that its use was still indispensable: for I have noticed that where it has been omitted, contrary to my wishes and instructions, a recurrence of the effusion has taken place, notwithstanding the use of mineral acids and the various other remedies usually considered available against hectic; whereas, on resuming mercury with opium and giving the mineral acids for hectic, I have been enabled to restore matters to their former condition, though not without an extra shake to the patient. One of the best instances of this was presented by Sir Clifford Constable's coachman. Dwell on this case; say that, after acute pleurisy of three weeks, I saw him, and the chest was emptied in a week, but the mercury ordered to be continued. This, on my taking my leave, was omitted; and, as he seemed weak (viz., merely from anemia), he was ordered ammonia, brandy, and other stimulants. In ten days, when I was again called in, his chest had re-filled, and he now had a most violent hectic paroxysm at eleven o'clock, A.M., and again at eleven, P.M. Each of these thoroughly drenched him, and during the extreme heat the pulse would rise to 150, being also barely perceptible. In this I saw nothing but a large quantity of pus in the circulation, which nature was endeavouring to throw off in her usual manner. I believed, in short, that the fluid in the chest was wholly purulent. I, therefore, continued the mercury and blisters in moderation, and made free use of the mineral acids, which, fortunately, he bore perfectly well. During the brief intervals of the hectic paroxysms he exhibited that marked relief which we habitually see, and had always a keen appetite for his meals. He, accordingly, took as much mutton-chop, beef-steak, or roast or boiled mutton, as he was inclined to take.—Under this treatment the chest was again emptied within the space of ten days; the hectic symptoms slowly gave way during a period of a month or six weeks, and I dismissed him convalescent to go to the country. I may add, however, that when the hectic was nearly gone, sulphate of iron was added to his sulphuric acid in order to co-operate with the animal food in removing all remains of anæmia.

Dwell likewise on the case of Mr. Morgan, æt. about 20, who was not only highly hectic, but had also slight gastro-enteritis. I continued the gentle external use of mercury, allayed the irritation of the mucous membrane by mild antiphlogistic means, &c., but allowed him plain veal and chicken broth, then beef-tea and mutton-broth, in such quantities as I found he could bear. The gastro-enteritis having been thus pretty well subdued, he became tolerant of the mineral acids and sulphate of iron, well guarded with laudanum. This youth rendered the progress of absorption more rapid than in the preceding case, for the fluid all disappeared within ten days, with entire relief to his dyspnœa; and so great a restoration resulted from the new supply of oxygen and removal of anæmia, that a week afterwards he came in a cab from the City to the West-end to call upon me.

Auscultators should be careful not to throw away their chances by neglecting to use the stethoscope.—In one instance, an accomplished physician having examined the top of the lung and found it dull, with the other usual signs of induration, without following up his examination down the whole side, took the case for phthisis, and ordered the patient to the southern coast. A common friend having mimicked to me the mode of breathing of the patient, I declared at once (for his imitations were most graphic), that such was not the dyspnœa of phthisis; and as I knew him not to be a phthisical subject, and to have been in robust health two months before, I entreated of our friend to go down to the patient in the country the same afternoon, and not to let him stir (for he was to start two days after) without a consultation of physicians. I declined going myself, as having suggested the measure. Answer was returned that if I would not go, he would see no one else, as he had originally intended to have consulted me. I saw him and found—what I was before sure of: namely, that the whole side was full of fluid, indicated by the usual symptoms, including anæmia and the physical signs. I flattered him that we should empty the chest within a week or ten days, and that he would be convalescent (Deo volente) in a month. So it happened, though mercury could only be borne externally, and that with great reluctance on the part of the patient. His convalescence was somewhat protracted in consequence of the irritable state of the mucous membranes, rendering them incapable of bearing the animal diet, and ferruginous preparations suitable for the removal of the anæmia. He had flying pains principally below the region of the heart, but these ceased under the use of plasters, especially belladonna; and he has enjoyed perfect health for the past year.

In the great majority of cases an attrition murmur (always most perceptible along the line of the margin of the lungs from the heart, curling backwards to the bottom of the lower lobe; in other words, below the axilla), was found to appear as the fluid disappeared by absorption. I have noticed that the longer this attrition murmur lasts, the better; as the adhesions are more apt to be of a loose and elongated character, which I infer from the patient's recovering complete resonance on percussion, and complete restoration of respiratory murmur sooner than in other cases where the attrition murmur lasts but a few days, in consequence, probably, of the adhesions becoming universal and close. Whenever the latter is the case, the patient may lay his account to being more or less delicate for a year and a half or so, because the lung requires fully this time slowly to stretch the adhesions, to re-acquire her natural respiratory murmur; or, if this should never occur, for the patient to gain a compensation by hypertrophy of the opposite lung, which, meanwhile, has constantly been doing vicarious duty; namely, breathing in an exaggerated or puerile manner. These exquisite arrangements of providence cannot be sufficiently admired. The more we look into them, the more complete we find them.

The lung sometimes remains permanently condensed from the thickness and utter inexpansibility of the side: and dilatation of the bronchi may result from this cause, of which I have met with and detected four or more instances. Condensation of this kind is less frequently attended with falling in of the side than in cases of pleurisy; for the opposite lung slowly becomes hypertrophous and fills up the vacant space, advancing, however, into the opposite side of the chest, and carrying the heart with it in either direction. Thus, in Peter Parker, an out-patient of St. George's, the heart is protruded almost into the right axilla, and the aorta pulsates an inch to the right of the sternum. Lung condensed by adhesion, is rarely healthy. There is almost invariably a slow, wearing, chronic bonchitis, which harasses and reduces the patient, and generally curtails his existence. Parker had had his cough for ten years, and he was an emaciated and decrepid subject.

Here introduce a number of detached observations, more or less original, on various subjects. Thus, for eight or ten years, I have been in the habit of asking the question of all respectable patients of robust constitutions, who had been attacked with pleurisy, peripneumony, acute rheumatism, whether they were in the habit of wearing flannel, or not; to which they generally answered in the negative—the common reason assigned being, that they were so much exposed, that they could not venture to pamper themselves. I recently put the same question to a London physician, and he gave the same answer with a smile, and "my dear friend, it is impossible," &c. He was attacked with rigors the same night, and had a severe rheumatic fever. I do not quote the poorer classes, for they, almost universally, are deterred from wearing flannel by the expense, and it is notorious that they are subject to acute inflammations of all kinds, in a much greater proportion than the higher classes. Flannel is also highly beneficial to chronic affections of the mucous membrane of the lungs.

Pleurisy is, after rheumatic fever, one of the most frequent causes of pericarditis—not endocarditis, at first—the inflammation being propagated to the pericardium by contiguity of tissue: if endocarditis supervene, it is by propagation from the peri- to the endo-cardium.

Diaphragmatic pleurisy may occasion agonizing pain by interfering with the action of so great a muscle as the diaphragm. It is in such cases that we occasionally see the patient put on what is called the sardonic grin, a species of sympathetic spasm dependent on the excito-motory system and nerves.

In some convenient part of the paper, give a brief and compact, but very clear synopsis of the signs of a chest full of fluid. For I repeat that, well as these are known to systematic writers, they are singularly forgotten and overlooked by practitioners. They ought, therefore, to be pushed prominently forward on every occasion. Refer, likewise, to a synopsis of the signs of anæmia in the essay on that subject; by which the practitioner will readily distinguish this condition from that of fever, for which it has been mistaken by Broussais and others.

Wind up by a general statement, that, if Doctor Stokes has cured twenty cases running by Mons. Lugol's solution and ointment of iodine, together with blisters and other means; and I have cured thirty-three consecutive cases by other means; fifty-three cases cured successfully, without selection, afford a strong presumption that all really *curable* cases are

curable without paracentesis. It remains to be proved by experience whether iodine or mercury be the less injurious to the constitution. I have myself the most favourable opinion of the harmlessness of the iodide of potassium when protected by starch—that is, a little bread with each dose; for I made the experiment of giving eight-grain doses against three-grain doses, in two hundred cases, for the purpose of ascertaining which dose was the most efficacious. The larger, both being given thrice a day, succeeded incomparably the better, and I now rarely give the smaller.

I have met with seven or eight cases of circumscribed pleurisy, and whenever a chronic pleurisy becomes very protracted, I am not sorry to see a purulo-sanguineous discharge take place periodically, as it generally does, into the bronchial tubes; for, in this case, a slow process of healing generally occurs, and the patient, in a fair proportion of cases, recovers. I have recently discharged one, Henry Wade, who appeared to me to have had a chronic pleurisy engrafted on a previous circumscribed or sacculated one. The history of the chronic one is developed in my journal in the utmost detail; but the patient also informed me that some months before he had been under the care of a physician in Norfolk, who had treated him for six months previously for a discharge of half a pint of pus mixed with blood, expectorated once a day from the bronchial passages. After this time he sent him to London to consult me, and I found him with very circumscribed empyema that he might have had, obscured by general empyæma. This having been removed, the original circumscribed empyæma pointed at the chest, and discharged by two or three apertures. When the discharge was free by the apertures it was correspondingly diminished by the bronchial tubes. Both slowly decreased. The circumscribed empyæma seemed to descend very slow in the splenic region, and after nine months of hospital attendance as an in-patient he was dismissed without discharge, with slight cough and in general good health, his weight being at least 12 stone, though a moderate-sized man.

I discharged a patient from the Mary-le-bone Infirmary, cured six times of circumscribed empyæma above the left mamma, and opening into the bronchi. At the end of six months he was completely well.

In another, in the Mary-le-bone Infirmary, the whole length of a probe could be passed directly into the chest. He recovered, but with much collapse of one side.

A third, in the Mary-le-bone Infirmary, a boy of 18, had effusion for six months. My colleagues, in consultation, had given their opinion that he was tubercular. The operation of paracentesis, therefore, was negatived. The opposite lung was soon after attacked with peripneumony and he died, when the exemption from tubercles was proved. I did not then understand an efficient treatment for fluid in the chest; and was therefore an advocate for the early operation on the principle of the late Doctor Thomas Davies, of Broad-street. I had much regret, therefore, respecting this case, that the operation had not been performed. One feature was remarkable. Andral, Broussais, and others, recommend that patients in chronic pleuritis should be kept on light diet. This youth ate twelve ounces of dressed meat at dinner; eight ounces at breakfast, with two eggs; tea and milk ad libitum; sixteen ounces of bread daily.

Numerous similar cases show that nature's mode of performing the operation is incomparably more safe than paracentesis.—*Med. and Chir. Review.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF PARALYSIS OF THE PORTIO DURA.

BY HENRY THOMPSON, M.D., OF TRILLICK.

Lucinda Bradon, aged 40, mother of four children, applied to me on the 11th of April, 1840, with complete paralysis of the left side of the face, engaging all the parts supplied by the portio dura; she complained of some pain in the left side of the head, referred principally to a point of small extent, about an inch above, and half an inch behind the mastoid process, where there was some tenderness on pressure, but no other appearance of inflammation; the hearing of the left ear was somewhat impaired, but the sensibility of the affected parts was perfect, and the eye had not suffered in any way from the exposure consequent on its constantly open state. She complained of a feeling of languor and debility, with a tendency to perspiration on slight exertion—her pulse was strong, full, and frequent—tongue foul—appetite gone—bowels confined—the uterine functions were healthy, and there was no paralysis of any other part of the body.

She stated, that without any previous indisposition, she had been suddenly attacked at night, about a fortnight before, by a very acute pain in the situation above described; the part was extremely tender to the touch, and she thought somewhat swelled; at the same time she remarked the hearing of the left ear impaired; the severe pain did not last more than half an hour, when she fell asleep, and in the morning was surprised to find her features all twisted to the one side; since then she has had several similar attacks of pain, each lasting about half an hour, and leaving her in the intervals, in the state above described.

I immediately took 12 ounces of blood from the arm—cut away the hair from the affected part, and made an incision laying bare the bone to the extent of an inch, a small artery was opened by the incision, which bled freely; when it had ceased, I filled the wound with lint, and ordered a poultice to be applied thrice a day, till a discharge was established. She had five grains of calomel that night, and a purgative draught next morning.

April 18th.—No return of pain—hearing perfectly restored—some tenderness of left side of head remains—wound healed—paralytic symptoms unaltered. Vesicatorium nuchæ.

℞ Massæ. pil. hydrargyri gr. v. bis die.

May 13th.—Mouth sore for the last fortnight, without any improvement in paralytic symptoms—general health now good—scalp shaved, and blister applied over part where pain commenced, which is now free from tenderness.

June 13th.—Paralysis continues unaltered—one-twelfth of a grain of strychnia was given three times daily.

20th.—The strychnia caused spasmodic twitching of the paralysed parts very soon after the commencement of its use, and subsequently after every dose; the twitching is confined to the affected parts, and accompanied by shooting pains along the back, and up the temple. No improvement in paralytic symptoms—conjunctiva slightly inflamed. Cont. pulveres.

July 11th.—Since last report the medicine was omitted for a week, a dose of blue pill, followed by a purgative draught, having been administered in the mean time. After the operation of which, the strychnia was resumed, and the same effects were produced. There is now a visible improvement, the distortion of the features much less remarkable, but no power of closing the eye, yet.

25th.—Improvement continues—can now close the

eye partially—inflammatory appearance of conjunctiva lessened.

Omitte strychniam; habeat.
Pil. hyd. gr. v.
Haust cathart. infus. sennæ. c. sulph. magnesiæ mane sequent.

September 12th.—Since last report she has been at the sea side for three weeks, and has been gradually improving—the paralysis is now scarcely perceptible—power of closing the eye all but perfect—inflamed appearance of conjunctiva gone—general health good.

Sept. 2d, 1841.—A year has now elapsed without any return of the symptoms. She has been ever since, and is still in very good health, without the slightest appearance of distortion of the features, or any remaining effect of the disease that I can perceive, except that, though she can close the eye perfectly, she cannot do so with any degree of force; this is, however, a defect which is not perceptible to any common observation, and has no injurious effect, either on the functions of the part, or on the appearance of the countenance.

CHRONIC TUMORS OF THE SYNOVIAL SHEATHS.

Bridgetown, Skibbereen, August 27th, 1841.

Gentlemen.—I was much pleased, on reading the Medical Press of the 18th inst., to perceive that a letter of mine on chronic tumors of the synovial sheaths had been noticed by a correspondent who signs himself H. T.; as one of my motives in publishing the article in question, was to lead to discussion on a matter of the utmost importance to myself.

Could H. T. succeed in proving that the mild and safe practice which he recommends would be sufficient for the cure of the troublesome and formidable disease that I have described, I would solicit him not any longer to conceal his name and address; that I may avail myself of his advice, and the use of his iris knife, should my wrist again require to become the subject of surgical operation; but I fear that "we cannot have gains without pains," as poor Richard says, and I cannot "lay the flattering unction to my soul," that his gentle treatment would be sufficient for the cure of these tumors, and I must say, with all respect, that he has mistaken my former communication, misquoted or misunderstood Professor Williams, and overlooked the real nature and pathognomonic history of the disease of which he treats.

In reference to myself, your correspondent says, "Doctor Donovan advocates the practice of cutting into these tumors, evacuating their contents and bringing about obliteration of the sac, by exciting inflammation and suppuration within its cavity; and cites his own case as an example of the efficacy of this mode of treatment, at the same time, describing the inflammation which ensued on the two occasions in which the sac was extensively opened, as so severe, as at one time to have threatened gangrene."

I never stated that free incisions had been employed in my case; but I distinctly asserted, that had it been resorted to in the commencement, it would have saved me a great deal of subsequent suffering. The two occasions on which the severe inflammation occurred (he will find on reference to my letter) were where a seton had been passed, and where the sac had been punctured, and the orifice for some time left exposed to the air. But the cyst, I am sorry to say, was never extensively opened.

That H. T. has not given a correct representation of Mr. Williams' views is quite clear from the words of the professor himself.

If the sac he says had become thickened and indurated beyond a certain extent, its subcutaneous division could scarcely effect a cure; moreover, the contents of these tumors are not entirely fluid, but sometimes, as is well known, partly consist of numerous solid concretions, the evacuation of which is probably essential to the obliteration of the sac.

Further, Professor Williams adds, "the presence in the sac of a few of those substances by some, as Dupuytren supposed to be hydatids, but which seemed to be really coagulable lymph, might if they were of small size be of little consequence; but assuredly, if large or numerous, their evacuation seemed essential to the cure:" and how does he advise the evacuation to be effected? "by laying the sac open freely. The great danger in cases of the kind being inflammation with constriction."

The case adduced by your correspondent, to illustrate the efficacy of subcutaneous division has no analogy whatever to the tumors that I have attempted to describe, and which are thus noticed in the *Clinique* of Dupuytren.

1. "They invariably are seated on the palmar side of the wrist under the carpal ligament, and extend upwards and downwards forming a bilobulated swelling like a double pinched wallet.

2. "They crepitate, and communicate a feeling as if little bodies passed and repassed, when pressure is made upon them. Sometimes indeed, this symptom is rather obscure, but when it can be felt distinctly it may be considered as truly and exclusively characteristic of these tumors."

Dupuytren, whose sagacity, prudence, and talent for observation cannot be denied, after having within the period of 25 years cured 50 cases of the kind, thus speaks of the plan of treatment.

"Experience having shown that any other mode of treatment but free incision of these tumors; or amputation of the forearm (as some have recommended in all cases of this kind), is not only useless but possibly very dangerous, I determined to cut through the sac, empty its contents and induce a suppurative granulation from its interior."

I have myself cured two persons affected with this disease by similar practice. One a shoemaker, who was prevented by it from working at his trade, and who suffered most excruciating pain, was perfectly recovered in about three weeks after the operation; this man having subsequently met me with my hand in a sling accounted for my having my wrist so long sore by telling me that "I was more *stingier* of my own skin, nor of anothers."

I beg leave to express my obligation to H. T. for his communication, and I request that, should experience confirm him in the opinions which he has formed he will give the results of his practice on these affections to the profession, as the disease is one not well understood by the generality of practitioners, and is moreover one that entails a life of misery on its victims.

I remain, Gentlemen, your very obedient servant,
DANIEL DONOVAN.

METHOD OF MAKING COPAIBA INTO PILLS.

Mr. Gardner, in a letter to the editor of the *Medical Gazette* gives the following formula:—

"Take—Balsam of copaiba, 5 parts; bicarbonate of magnesia, 3 parts. Rub them together, and a mass is made exactly adapted for pills.

"This affords a very convenient means of administering this drug; the pills agree with the stomach better than the gelatinous capsules, or any other form that I am acquainted with (and they are not more than one-eighth to one-tenth of their price), probably from the minute subdivision of the balsam, the efficacy of which is not at all impaired. Doctor A. T. Thompson has published a method of making copaiba into pills with calcined magnesia, which is tedious, and not so effectual as the above."

ELECTION OF PHYSICIAN TO THE CORK COUNTY JAIL.

On the 9th ult., the grand jury of the County of Cork, proceeded to the election of a physician to the county jail in the room of Doctor Nugent resigned.

Applications from nine candidates having been read by the Foreman; Mr. Townsend proposed that the election should be adjourned until the assizes of 1842; but there being no person to second the resolution, it fell to the ground.

Mr. Daly then said that Doctor Bull wished to address a few words on the nature of the testimonials he had to lay before grand the jury.

The foreman said he could have no objection to Doctor Bull's doing so.

Doctor Bull then advanced inside the railing, and said, he wished to say a few words to the grand jurors. He would first premise by laying before them a document signed by a number of medical gentlemen residing in the City and County of Cork, and they prayed, and urged the propriety of delay before they proceeded with the election for a physician for the county jail, in the room of Doctor Nugent.

Foreman—That question is settled by the resolution come to by the grand jury.

Doctor Bull, would, under those circumstances withdraw that document, and state to them, that on Tuesday morning last, he perceived an advertisement in the newspapers for a physician to the county jail, and he instantly commenced a canvass for the situation. In doing so he waited on the grand jurors personally, begging of them not to pledge themselves to him, but to support such medical gentlemen as could produce the best testimonials of medical character and ability. Any of the grand jurors whom he canvassed, could contradict him if he was wrong. He had attended gratis for the last 21 years and 5 months the South Infirmary, virtually the county one, and for that he considered he had some claim on them for the situation he was a candidate for. He wished public attention to be given to that fact. Notwithstanding all that, he found the grand jurors had all been pledged to another gentleman ("No, no," from several of the grand jurors). Well, the majority of them were pledged, and some of them told him they had been so pledged before the resignation of Doctor Nugent.

Several of the grand jurors interrupted and asked what had they to do with that matter, and the Foreman begged of Doctor Bull to confine himself to what he had to say on his testimonials.

Doctor Bull considered that what he was saying had reference to the subject under discussion, otherwise an advertisement, under such circumstances, was only a mockery. He came forward on public grounds, and on public grounds alone, as a candidate, and in order to give the profession of which he was a member a fair start; but instead of that, he found that the basest attempts were made to injure his medical character, and those by a clergyman, the brother to one of the candidates.

The Foreman interposed and said he could not allow those remarks, being made by Doctor Bull—they were irrelevant to the subject under discussion.

Dr. Bull would now produce to them the degree which he obtained from the University of Dublin, a degree which he would consider necessary as a preliminary step in the education of any medical man.—That degree was conferred on him in 1818 and at a very great expense. The next he would produce was a degree from the Royal College of Surgeons, and which, although the examination somewhat relaxed since, was at the time considered next to a fellowship in Trinity College. At that examination Dr. Howe, and he were admitted, while five others were rejected. Suppose now that the County Infirmary was removed to Cork, as was contemplated some years since by a former grand jury; the medical gentleman who held the minor degree would be ineligible to fill that situation, as the County Infirmary required that he should hold the higher qualification, while the Prison Act required the minor qualification only. Whether an election of a medical officer, holding the minor degree was a subject the grand jury would deem worthy their attention, was more than he could say, but one thing was certain, if so elected, the gentleman could not fulfil the duties required by the County Infirmary. He would now merely state that if any medical gentleman produced superior testimonials to those he had laid before them, he would instantly retire from the contest. He would beg to be permitted to state that if one shilling purchased the situation (the Dr. here threw a shilling on the table) not that shilling would he give to procure it. He wished the press to take notice of that.

The Foreman said that if any person was of opinion that the grand jury hurried the appointment of a Doctor to the gaol, all he could say was, that it was delayed to the latest possible moment, indeed until after all their fiscal business had been concluded, and if they intended to appoint a medical gentleman they could not do it at a later period unless they deferred to the next grand jury.

Mr. Warren said that as to the charge made by Dr. Bull as to the grand jurors having promised to support particular candidates, he could say that two years ago he was canvassed by Dr. Power, and in the event of Dr. Nugent's resignation at that time, he promised to support him.

The election was then proceeded with, and there was found for Dr. Beamish, ... 17
Dr. Bull, ... 3
Dr. Perry, ... 2

Dr. Beamish was accordingly elected.—*Cork Constitution.*

BOOKS RECEIVED.

The Principles of Physiology applied to the Preservation of Health, and to the Improvement of Physical and Mental Education. By Andrew Combe, M.D. Tenth Edition—1841.

A Practical Treatise on the Efficacy of Mineral Waters in the Cure of Chronic Diseases. By Sir Alexander W. Downie, M.D. Frankfort—1841.

A short Description of Kissingen, its Baths and Mineral Waters. Translated from the German of Dr. F. A. Balling. By Sir A. M. Downie. Frankfort—1841.

Bibliothek for Læger. Copenhagen, January–June, 1841.

TO CORRESPONDENTS.

We have received Dr. Otto's letter of the 18th July, and shall feel obliged if he will kindly favour us with the abstract which he promises.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 8, 1841.

THE POISON IS AT THE SOURCE.

While we wait until the legislature and government can be brought to see the value and importance of the medical department of the public service, and to place it in its proper position; let us consider what

may be done, in the mean time, to correct abuses, and cure defects, under existing powers and circumstances. For seven long years not only the members of our profession, but the public have been incessantly urged to co-operate in the efforts made to remove present defects, without any beneficial result, and the opposition to improvement has apparently rather encreased than diminished. This we are convinced has arisen from the circumstance of every proposed plan of amendment, being more or less calculated to diminish the pecuniary advantages of influential persons, or to destroy the distinction which many suppose they derive from connexion with existing institutions. As we have said, while we wait for something better, we propose to try what may be effected by exhortation and advice, and with that view, we ask the opponents of medical reform, whether they have reason to be satisfied with the working of the system which they profess to admire so much, and which they defend so energetically? Are any of the schools or colleges in England, Ireland, or Scotland, in a more flourishing condition than formerly, or are the pupils they have latterly sent into the world, thriving more than their predecessors? Every candid man admits that the reply must be in the negative, and all, we believe, agree that the present system is not working well, yet, still, numbers adhere to it. Let us take any of the abuses complained of, and see whether its correction would not be a benefit to all parties. Of all the crying abominations, that of the certificate system is the most injurious and disgraceful, yet it is our firm belief, that it is most destructive to the interests of all concerned. A college, entrusted with the duty of superintending the education of persons proposing to enter the medical profession, decrees, that one of the proofs of qualification to be afforded by the candidate, shall be certificates that he has attended lectures, performed dissections, and witnessed the practice in hospitals, yet, no sooner does that college come to carry this, its own decree, into practical operation, than it actually becomes a party to its evasion, and openly avows and admits, that it accepts these very certificates, knowing them to be false, and, therefore, insufficient evidence of the fact they are produced to prove. Why it may be asked, does this college act so preposterously and dishonestly? Is it the interest of the institution to pursue such a course? Unfortunately, under existing arrangements, it has become not only its interest, but absolutely essential to its existence. The managers of it are not "too fond of the right to adopt the expedient," they on the contrary, prefer the solid pudding, which conforming to a vicious course purchases, to the empty praise which follows a strict adherence to what is right and honourable. We, they say, are fully aware of the impropriety and dishonesty of accepting these false certificates, and would most gladly put an end to the practice, but what would you have us do? If we refuse them, the pupil carries them to another college, where they are taken without scruple, and we are laughed at for our fastidious squeamishness. This is the real state of the case, and the whole secret of the origin and continuation of this most infamous practice, the cause and source of all the disgraceful doings which have lowered the character of our profession in general, and that of those engaged in the business of instruction in particular. We are not aiming at this college or that, at one more than another. They are one and all obnoxious to the charge we make, and are, one and all, suffering from the conduct of which we complain.

It is not that we consider it absolutely necessary for a student to attend all the lectures, for which he is required to produce these certificates; on the contrary, we are convinced that he might often be much better employed; now, that it is agreed on all hands that these lectures may be delivered by persons without knowledge, experience, or even common sense, and that a dunce, a mad man, or a fool, is held to be as well qualified to instruct in this way, as the best-informed and wisest. It is, that we consider it in every point of view objectionable, that public bodies should lay down and enforce a system, which they know well from daily experience, is evaded, and which leads to the commission of acts (we use the words in their literal sense and advisedly) acts, of fraud, falsehood, and forgery. It was, we believe, Dr. Macartney, who, on some public occasion, deplored that the poison was at the source, and so it is. The college tells the teacher, that he is to certify that the student has attended his lectures, but at the same time, intimates by its acts, that he is at liberty to certify the same, whether the student has really attended him or not. The student knows this, and acts accordingly, very fairly arguing that if his instructor does so, he may, without reproach, follow his example; and thus, are all the parties; College councillors, professors, teachers and students, involved in the commission of acts, which, if not thus sanctioned, would be considered most criminal and disgraceful.

Oh, but, says the abettor of this system, how is it to be avoided, it cannot be otherwise, every contrivance calculated to amend it has been resorted to without effect. Returns have been required, rolls have been called, names have been registered, new forms of certificate have been devised, yet, still the student attends to his instruction irregularly and imperfectly, his teacher certifies that he has attended diligently, and the College knowing all this, looks on, and confirms and sanctions it; the disease is incurable, and we must only be content to make the best of it. Now, what an admission have we here! Neither more nor less than a confession, that this same certificate system is worthless, or worse than worthless, that it secures no evidence of qualification of the candidate to discharge the duties of the profession into which he prematurely intrudes, and therefore, that the sooner it is abandoned, the better. If the student does not attend these lectures, perform these dissections, or observe this hospital practice, why compel him to declare solemnly that he does, and why compel his instructors to join him in the declaration,

and above all, why persevere in a plan which experience has proved to be ineffectual? Why?—Just because it puts money into the pockets of those who are entrusted with its operation, and just because the law makers are the law breakers. We are not of those, who, in pursuit of notoriety, or to gratify spiteful feelings, pretend to argue that men should enter our profession without paying for their instruction, or contributing to the support of the public institutions which confer on them the authority to practise; on the contrary we deplore the wretched arrangements which enable a boy who can barely read and write to assume the title of Doctor, or Surgeon, for fifty, or an hundred pounds; but we do protest against, and denounce this vile round-about method of levying a tax on students, as if we were ashamed to insist on proper payment as a right. In our opinion it comes to this, that this same practice of requiring students to produce certificates of attendance on lectures, hospitals, and dissections must be abandoned, unless it can be shewn that it is essential toward establishing the fitness of the candidate to become a medical practitioner, and unless it can be shewn that the instruction given is what it professes to be, and that it has been attended to as the certificate specifies. To continue to require a student to pay for these certificates without making such provisions as will secure to him proper instruction, and compel him to avail himself of that instruction, is not right, and leaves those who pursue such a course liable to imputations which honest men repudiate. While we say this, we at the same time see no real difficulty in rendering the present method of education, by oral instruction and demonstration, effectual. There is but one essential requisite, and that is, a resolution of all the colleges to adopt one, and the same plan to effect the object described; if any one institution refuses to concur in this resolution, with the view of attaching irregular and unscrupulous teachers to their interests, or picking up the money of needy and reckless students, it can, we admit, defeat the object, but it will do so at its peril. Whatever may be said to the contrary, a day of reckoning must come sooner or later, and that day may terminate the existence of institutions, which might now be saved by a timely compliance with what is fair and reasonable.

LIVERPOOL SUMMER ASSIZES.

FRIDAY, AUGUST 27, 1841.

Before Mr. Justice Wightman and a Special Jury.

THE MASTER, WARDENS, AND SOCIETY OF APOTHECARIES, *versus* GREENOUGH.

This was an action brought to recover penalties alleged to have been incurred by the defendant by having practised as an apothecary at St. Helen's, in Lancashire, without having obtained the certificate of qualification required by the 55 Geo. III. c. 194.—The action was tried at the Liverpool summer assizes of 1839, when a verdict was found for the defendant.

The Court of Queen's Bench having set this verdict aside, and directed a new trial, the cause now came on for trial accordingly.

Mr. Cresswell addressed the jury for the plaintiffs, in an able speech. Two witnesses having proved that the defendant had prescribed and supplied medecines,

Mr. Justice Wightman summed up as follows:—Gentlemen of the jury, this action is brought by the Master, Wardens, and Society of Apothecaries, against Henry John Greenough, to recover a penalty from him for having practised as an apothecary without being duly qualified so to do.

In the year 1815, an Act of Parliament was passed for regulating the practice of apothecaries throughout England and Wales, and by that Act it was declared that it should not be lawful for any person (except persons already in practice) to practise as an apothecary in any part of England and Wales, unless he should have been examined by the Court of Examiners of the Apothecaries' Company, and have received a certificate from them of his qualification to practise.

Therefore, unless the defendant has either a certificate from the Court of Examiners, or has been in practice before the 12th of July, or on the 12th of July, 1815, it is penal for him to practise as an apothecary.

According to the evidence of the last witness, Greenough appears to be hardly thirty years old at this time; and therefore, in the year 1815, we can hardly suppose that he could by possibility have been in practice as an apothecary. And unless, therefore, he has the certificate of the Court of Examiners testing his qualification to practise, it is illegal in him so to do.

But there is an exception in the Act of Parliament with respect to the practising of chemists and druggists; for it is said, "that nothing in this Act contained shall extend or be construed to extend, to prejudice, or in any way to affect the trade or business of a chemist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinable compounds."

Now it is said that a number of persons have availed themselves of that exception to practise, professing to act as chemists and druggists, but who have in fact practised as apothecaries. The distinction, however, appears to be one recognised by the Act of Parliament itself, that an apothecary does not merely prepare, compound, dispense, and vend drugs and medicines, but applies and administers them; because in the fifth section of the Act, as applied to apothecaries, there are certain penalties for apothecaries refusing to do certain things, among which are mentioned, as part of the ordinary duties of apothecaries, not only compounding, mixing, preparing, and selling medicines, but applying and administering them. If a person not only sells and mixes medicines, but applies and administers them in the ordinary course of practice in attending on patients, no doubt he comes within the definition of an apothecary. That would be what the Act itself seems to distinguish from the ordinary selling of drugs (which a chemist or druggist may do) in the office and duty of an apothecary, which is not only selling drugs simply, but applying and administering drugs, which he himself vends and prepares.

Now, gentlemen, in this case you have the evidence of two witnesses who speak to the defendant's having attended two patients in the ordinary mode of an apothecary. The parties were ill. They were not surgical cases, both were cases of fever, and were described by him to be "betwixt pleurisy and typhus," and "an inflammatory fever."

Gentlemen, I hardly know what question there is for you. If you are satisfied that the defendant did act as an apothecary on any occasion, it will be your duty to find a verdict for the plaintiff. If you think he did not, but that he merely acted as a chemist and druggist (which, as it seems to me, we are not warranted by this evidence in believing, for he administers the remedies which he himself has prescribed and prepared), you will find for the defendant.

The jury returned a verdict for the plaintiffs for one penalty of £20.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, SEPT. 2.—Council met.

The Treasurer read the following letter:—

"Kilkenny, August 1, 1841.

"MY DEAR SIR—From a pressure of other matters, I omitted to send you the list of the members of the Kil-

kenny Medical Association, for whom I handed you £10 at our last May meeting. I now send their names.

"Your's truly, "ROBERT CANE.

"William Green, Urlingford; Miles Stirling, Thomastown; William Bateman, Bagnalstown; Charles Ross, Castlecomer; John Bradley, Castlecomer; Patrick Keatinge, Callan; John Butler, Callan; John Ryan, Ballingarry; William Fenelly, Ballingarry; John Delany, Johnstown; Robert Thompson, Johnstown; Robert Ormsby, Durrow; John Swan, Durrow; Thomas G. Cranfield, Ballyragget; Thomas Bradley, Stoneyford; James Cullenan, Freshford; Joseph Lalor, Kilkenny; Michael Murphy, Kilkenny; Robert Cane, Kilkenny.

"Dr. Macdonnell, Treasurer,
Medical Association of Ireland."

The Treasurer reported the receipt of the following sums:—

Dr. Nugent, Cork, 10s. renewal subscription.
Dr. Murphy, do., 10s. ditto,
Per Dr. M'Mullen, Local Secretary for Cork.

POOR-LAW INTELLIGENCE.

Cork Union.—A public meeting was held in Cork on the 28th ult., Horace Townsend Esq., D. L., in the chair, when resolutions were passed denouncing the present poor-law as a public imposture, calculated to absorb the property of the country, without adequately or effectually providing for the wants of the poor, or producing any useful or beneficial result. A committee was appointed to prepare petitions and adopt measures for carrying on an agitation against the system, and obtaining the co-operation of other unions throughout Ireland.

South Dublin Union.—At the meeting of guardians held on the 2d instant,

Mr. Keshin asked the chairman whether he had received any communication from the commissioners respecting the proposed increase in the medical officers' salaries?

The Chairman said he had not.

Mr. Keshin said he had intended to give notice of motion to inquire into the salaries of the commissioners, and what value they had given for same.

It having been suggested that it was better to defer the motion until the next board day, the subject dropped.

PROMOTIONS.

Military.—2d Dragoons— Assistant-Surgeon J. Wedderburne, from the Coldstream Foot Guards, to be Assistant-Surgeon, vice Munro, who exchanges.

Coldstream Foot Guards—Assistant-Surgeon J. Munro, M.D., to be Assistant-Surgeon, vice Wedderburne.

40th Foot—Assistant-Surgeon J. H. Brummell, from the Staff, to be Assistant-Surgeon, vice Hanley, appointed to the Rifle Brigade.

68th Foot—Assistant-Surgeon D. Lucas, from the Staff, to be Assistant-Surgeon, vice Leslie, who exchanges.

Royal Canadian Regiment—Assistant-Surgeon A. M'Grigor, from the 32d Regiment, to be Assistant-Surgeon; Assistant-Surgeon J, Miller, from the Staff, to be Assistant-Surgeon.

Hospital Staff.—To be Assistant-Surgeons—A. Leslie, from the 68th Foot, vice Lucas; R. A. Cole, M.D., vice Millar; R. DeLisle, gent., vice Brummell.

Civil.—Dr. Stevens' Hospital—William Colles, Esq., has been elected Assistant-Surgeon, in the room of Abraham Colles, Esq., M.D., resigned.

University of Glasgow—Dr. William Thompson, of Edinburgh, has been appointed Regius Professor of the Practice of Physic, in the room of Dr. Badham, resigned.

His Majesty the King of the French has conferred the Cross of the Legion of Honour on M. Dieffenbach.

TO SURGEONS.

To be disposed of, in Liverpool, One-half of a Good General Practice. The elder partner is retiring in consequence of indisposition. The Junior partner paid £400 for his share not long since. Possession of the House and Furniture may be had at a valuation.

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Operative Surgery—Dr. Hayden.
Practical Anatomy, &c.—Messrs. Sawyer and Forrest, with an Assistant Demonstrator.
Midwifery and Diseases of Females and Children—Dr. Ireland.
Materia Medica and Therapeutics—Dr. Eades.
Practice of Physic—Dr. Sargent.

Particulars, with reference to the School and Anglesey Lying-in-Hospital, may be learned from Dr. Hayden, 32, Harcourt-street; Dr. Humphrys, at the Hospital; or from any of the Lecturers.

MIDLAND MEDICAL UNION.

At a Meeting of the Midland Medical Union, held at the Board-room, Dispensary, Roscrea, August 26, 1841,
Dr. KINGSLEY in the Chair.

Proposed by Dr. Jacob; seconded by Dr. Croly.

Resolved—That the appointment of Surgeon Francis White as one of the Inspectors General of Prisons, is a source of much satisfaction to this Association, as it affords evidence of a disposition on the part of the government, to make medical information available towards the good management of some most important public institutions. The Association expects much advantage to the District Lunatic Asylums of Ireland, from Mr. White's practical acquaintance with such institutions.

Proposed by Dr. O'Brien, Ennis; seconded by Dr. Waters.

Resolved—That it is a source of regret to this society, to find that the Chief Poor-law Commissioner continues to act in a manner calculated to strengthen the opinion, that he is disinclined to promote the welfare and respectability of the medical profession - a fact further established by the obstacles which he has presented to the equitable remuneration of the medical officers of the South Dublin Union, for which the board of guardians with a laudable regard to the interests of the inmates, proved themselves anxious to provide.

Proposed by Dr. Bird; seconded by Dr. Fry.

Resolved—That we cannot avoid alluding to the treatment experienced by Dr. Waters, who was summoned as a medical witness for the Crown, to the last assizes of the King's county, where he was detained for five days, at a distance of 20 miles from home, for which he was offered but six guineas, and which he very properly refused to accept of—a case clearly pointing out the necessity that exists for some legislative enactment to regulate the remuneration of medical witnesses, and render them independent of the whimsical caprice of Crown Solicitors.

Proposed by Dr. Mahon; seconded by Dr. Stoney.

Resolved—That this Association, fully appreciating the valuable contributions made by Michael Donovan, Esq., to Pharmacy, feels anxious that the public and medical profession shall enjoy the full benefit which they are calculated to confer. The Society, therefore, hopes that Mr. Donovan will publish a synoptical view of such preparations as he would specially recommend to the attention of the profession.

WILLIAM KINGSLEY, Chairman.
JOHN WATERS, Secretary.

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7. On Hooping Cough, by Dr. Kennedy.
8. On the Structure and Diseases of the Orbitar Appendages, by Mr. Ferrall.
9. On Fracture of the Cranium, by Dr. Donovan.
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12. On the Injection of a Solution of Alum in Hydrocele, by Dr. Patterson.
13. On the Pharmacy question (Editorial).
14. On an Epizootic among Horses, by Mr. Ferguson.
15. Observations on Pus-cells and on the Structure of Tubercle, by Mr. Gulliver.
16. On the Use of India Rubber Enema Pipes, by Mr. Gore, Limerick.
17. On Organic Germs in Fibrine, by Mr. Gulliver.
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ACADEMY OF SCIENCES, PARIS.

AUGUST 16.

ON THE QUANTITY OF CARBONIC ACID IN THE ATMOSPHERIC AIR OF PARIS. BY M. BOUSSINGAULT.

M. Boussingault has endeavoured to estimate the quantity of carbonic acid, produced by combustion and respiration. The number of horses in Paris is 31,000; Lavoisier estimated them at 21,000. A horse evolves in twenty-four hours, by respiration and transpiration, four cubic metres of carbonic acid. All the horses in Paris then evolve 1,232,370 cubic metres of carbonic acid gas in twenty-four hours.

1,184,380 kilogrammes of wood are burned in Paris daily, which yield 855,385 cubic metres of carbonic acid.

The population of Paris, M. Boussingault supposes, produce 330,777 cubic metres.

Analysis, nevertheless, shews but a trifling difference between the air in the country and in Paris.—In fact, the air at Paris contains 0.000.413 carbonic acid, by volume. That of St. Cloud 0.000.414 carbonic acid, by volume.

INJECTION OF GELATINE INTO THE VEINS.

M. Donné communicated for the information of the commission on gelatine, the following fact, viz.: that a tolerably concentrated solution of gelatine can be injected into the veins of dogs without producing any ill effect.

SOLUTION OF URINARY CALCULI AND GOUTY CONCRETIONS.

M. De Bouys has ascertained the fact of the conversion of uric acid into hypuric acid, under the influence of benzoic acid. Uric acid and the urates are, it is known, sparingly soluble in water, while hypuric acid and the hypurates are tolerably so. In fact, 10 parts of water dissolve 1 part of hypurate of lime, while 440 parts of water are requisite to dissolve 1 part of urate of lime. Two trials founded on these principles, have produced some favourable results in the wards of M. Rayer, at La Charité.

AUGUST 30.

ON MYOPIA AND WEAKNESS OF THE EYES. BY M. BONNET, OF LYONS.

M. Bonnet addressed a memoir to the Academy, consisting of two parts—one physiological, the other pathological.

In the physiological part he discusses the question of the adaptation of the eye to the vision of objects at various distances, especially endeavouring to demonstrate that the adaptation at short distances depends on a change in the shape of the eye, effected by the pressure on the organ of its surrounding muscles.—He maintains this opinion by a set of experiments on the dead body, showing that it is impossible to exert traction, in the direction of their orbitar insertion, on one of the recti, or of the oblique muscles, and *a fortiori* on all the muscles conjointly, without compressing the eye, which pressure elongates the eye from before backwards, and renders the cornea convex.—All the muscles of the eye have the same action in altering the shape of the eye, their sole antagonist being the elasticity of the coats and humours of the organ.

The second part of the memoir is devoted to the study of myopia, and that vexatious and common affection where, though no appreciable alteration can be detected by examining the eye, vision nevertheless becomes confused, and the eyes fatigued after reading a short time.

M. Bonnet endeavours to show that myopia, espe-

cially when acquired, is the result of a permanent compression exerted on the eye by the recti and oblique muscles, which are all contracted, whence results a permanent adaptation of the eye to vision at short distances, which is naturally effected by elongation of the antero-posterior diameter of the eye, and augmented convexity of the cornea: the same occurs in myopia, save that the muscular contractions which produce this condition of the eye are in myopia permanent and pathological, instead of being intermittent and exerted according to need.

Fatigue of the eyes only occurs when they are exercised in the inspection of minute and near objects—*i. e.*, when the muscles are contracted to produce the then necessary adaptation of vision. M. Bonnet regards the fatigue as the result of that pressure carried to a painful extent.

Starting from these theories, M. Bonnet concludes that to cure myopia and fatigue of the eyes, the pressure excited by the muscles must be diminished, and that this object can be effected by the division of one or of several of the muscles. Whichever of them be divided, the pressure sustained by the globe of the eye is diminished, for if the cut muscle be contracted, an effective cause of contraction is removed; if it be not contracted, a support of the lateral wall of the organ is removed.

M. Bonnet prefers, of the various sections that may be practised, that of the lesser oblique muscle at its insertion into the orbit, as the one effected most rapidly, easily, and with least liability to accidents.

The operation was performed on ten patients for one or other of the before-mentioned affections of the eyes. In some both muscles were simultaneously divided, in others one only; the operation being performed on all the patients save one, at the Hotel Dieu, Lyons, in the presence of numerous witnesses. In no case did the slightest inconvenience follow. Ecchymosis of the lower eyelid follows the operation, which soon disappears. The eye retains its natural direction and all its motions. On the third or fourth day the patients can read, without inconvenience, for several hours.

The two patients who had but one of the lesser oblique muscles divided, sustained no amelioration of the infirmity. Matters were otherwise in the eight others, who had both the muscles divided. The following is a sketch of their cases, as regards—1, the maximum distance at which they could read; 2, the maximum distance at which they could recognise persons; 3, the spectacles necessary for them; 4, the disposition of the eyes to become fatigued.

The maximum distance for reading was increased

In M. Rieux from	16	to 33	centimetres.
M. Serne, —	15	— 39	do.
M. Paradis,	38	— 61	do.
Mad. Richerand	28	— 60	do.
M. Accary,	13	— 25	do.
M. Dulac,	17	— 31	do.

In M. Deyriatz, it remained at 17.

M. Borel was not affected with myopia.

This statement shews, that in all the patients, save one, the distance at which they could read was almost doubled.

The maximum distance at which persons could be recognized was augmented,

In M. Rieux, from	4	to 30	paces.
M. Serne,	5	— 35	do.
M. Paradis,	25	— 60	do.
Mad. Richerand	15	— 65	do.
M. Accary,	4	— 25	do.
M. Dulac,	6	— 50	do.
M. Deyriatz,	2	— 4 or 5.	do.

This statement of distances cannot of course, pretend to absolute precision, for obvious reasons; but that there was a great improvement in sight, in this respect, is undoubted.

The elongation of vision is the greater, the rounder the objects that are looked at; the most sensible amelioration is experienced in viewing clouds, trees, houses, and generally large masses at a distance.

M. Bonnet was able to make but few observations respecting the influence of the operation on the necessity of wearing spectacles; but three of those operated on having worn them, and they either abandoned their use, or wore glasses of a lower number.

The most decided and important changes were manifested with respect to the liability of the eye to become wearied.

M. Paradis, who could only read for a quarter of an hour till vision became confused, when operated on, read for two hours and a half without inconvenience.

M. Accary, who could read but half an hour, was enabled to read for upwards of three hours.

M. Richerand, who could not read two consecutive pages, nor pursue her occupation as an embroiderer, now can read at pleasure and pursue her business.

The statements respecting the other patients are to the same effect.—*Gazette des Hopitaux.*

ACADEMY OF MEDICINE OF PARIS.

August 24, 1841.

EXTRA-UTERINE PREGNANCY—GASTROTOMY.

M. Gerdy made a report on a case communicated by M. Mathieu, physician to the hospital de La Charitè Sur Loire. A woman aged 38, became pregnant in 1835; at the 9th month she was seized with labour pains. After a considerable delay physicians were called in, who diagnosed an extra-uterine pregnancy, and left the case to nature. Three weeks subsequently, the woman felt in the abdomen a convulsive trembling, which ended in violent succussions, after which the fœtus remained motionless, and, they supposed, had died. The pains then appeared again; a consultation was again held, and an operation again rejected. The woman applied at the hospital for the purpose of being operated on, threatening to commit suicide in case of refusal, and this threat induced M. Mathieu to perform the operation. The abdomen was distended by an enormous quantity of fluid and by several tumors, which could be but very imperfectly felt; the patient was also much debilitated. The operation was performed as follows:—

Paracentesis was first performed, which enabled the position and form of the fœtus to be felt and appreciated. The abdomen was not however opened, till two days subsequently, when it was opened first from the pubis to the umbilicus to extract the fœtus, and next, from the umbilicus to the most superior part of the abdomen, to remove a tumour situated at the xiphoid cartilage, which was as large as an ostrich egg, and contained hair, a brain-like material, and a bone an inch long and a line thick. M. Mathieu affirmed, that it was contained in the amnion of the fœtus, and was a monstrous germ, and that consequently, his patient had a double extra-uterine pregnancy. The amnions was so adherent to the subjacent parts, that it could not be removed, and some fragments only of the placenta were gotten.

The fœtus was in good preservation, weighed 5lb. 13oz, and was 18 inches long.

Sutures were inserted, and repeated purgatives administered, and fomentations with a chlorinous fluid. Subsequently, the abdomen was injected with the chlorinous fluid; wine was given, and the pus was removed from the abdomen by means of a syringe and catheter, introduced at each dressing. The patient was well on the 35th day; an abdominal fistula, however, remaining.

M. Gerdy, then gave an analysis of the chief cases of extra-uterine pregnancy of a similar kind, that are on record, and then proceeded to draw his conclusion; in so doing, he stated, that he would not examine them numerically, as he disliked charlatanism, as much in science, as in practice, and that a simple numerical enumeration excited his distrust, ever since the "sçavoir faire," which now insinuates itself every where, had taken advantage of the numerical method to assume an appearance of immense, positive, and superior erudition.

M. Gerdy divided the cases he had quoted, into four categories. The first included the cases where an extra-uterine fœtus was retained many years without destroying the mother. The second, those in which the fœtus was retained, much beyond nine months, but where the mother at length died. The third, those where an abscess formed, and the fœtus found issue in whole or in part. And the fourth, those where gastrotomy was performed with the result of saving the mother, or child, or both. Reverting to M. Mathieu's case, M. Gerdy commented on the enormous incision, and the irritating chlorine injections, which were employed; circumstances eminently calculated to excite fatal peritonitis. M. Gerdy said that a good angel had saved the patient both from the disease and the treatment.

M. Gerdy did not regard the tumor above the umbilicus, as a product of conception. Admitting that it was, as M. Mathieu says, developed within the amnins, and not external to it, it would still be very doubtful, whether it was a product of conception and a monster. In fact we find analogous tumors in many organs, in the ovaries of girls too young to conceive, and even in male subjects. It seems doubtful, whether conception engenders such unformed products: what could such a monstrosity be? A product of the arrest, of the defect, or of the aberration of developement? Is it then proved, that nature can commence the formation of a fœtus by the hair, cerebral matter, or a shapeless bone? Is not nature subjected to some laws, even in its wildest aberrations? Have we ever seen cerebral matter developed in the abdomen, or in the lungs; or the heart, the liver, the spleen, or the intestines in the head? Have we ever seen her, limit her arrests of developement to the formation of one or two organs, as the brain, the spinal marrow, the heart; a hand or a foot? Have we ever seen in a shapeless mass, described as a product of conception, as monsters by inclusion, one of those complex organs, as a heart, a larynx, an eye, &c., which are formed in the fœtus alone, that is to say, in an indubitable product of conception? When nothing similar exists, and we only have hair, teeth, or bones shaped like teeth, or whatever else fancy may liken them to; such products cannot be admitted as products of conception.

M. Gerdy concluded that M. Mathieu's case presented nothing extraordinary.; that his operation was rational, and that though all the particulars of his practice could not be approved of, that yet the case was interesting, and instructive.

M. Amussat stated that he had extracted through a spontaneous opening in the rectum, a fœtus, in fragments, which had lain in the abdomen seven years. The patient recovered perfectly.

M. Blandin had dissected two cases of extra-uterine pregnancy, in which the chorion was absent, and the amnion alone enveloped the fœtus. M. Mathieu's case also confirmed the opinion M. Blandin had formed, that the ovum contains the amnion alone, and that the chorion is formed in the uterus in the same way, as is the deciduous membrane. His opinion was not, however, definitely formed on the matter.

M. Moreau having ascertained from M. Blandin that the fœtuses he had dissected were furnished with umbilical cords, remarked that M. Blandin must be mistaken, and that the chorion must have existed, as the cord is partly made by the prolongation of that membrane.

M. Blandin said that it was not proved that the chorion must co-exist with the umbilical cord.—*Gazette des Hopitaux—l'Examinateur Medicale.*

EXTRACTS FROM PERIODICALS.

SUBSTANCE OF A CLINICAL LECTURE ON CHELOID TUMORS,

Given at St. George's Hospital, May 25th,

By Mr. Cæsar Hawkins.

I have recently brought under your notice the subject of cancer of cicatrices, and I have been asked by several gentlemen whether two other cases of disease of the skin, now in the hospital, are also of a cancerous nature. In fact, however, they are examples of a rare disease, of a perfectly different character from cancer, innocent in its nature, but very curious in many points, and, moreover, generally incurable. It was described, I believe, first by Alibert, under the name of cancroides, in some of his works; but the best description of it is by Rayer, in his admirable work on the Skin, who has adopted the Greek term, *cheloid tumor*, from χηλη; both names having the same meaning, and arising from little prolongations of the tumor, like the crab's claws.

The term cancroid tumor seems very objectionable, however, as it would mislead you with regard to the nature of the disease, since we already have the name of cancer, signifying the existence of a similar fancied resemblance, although, as I have said, the two diseases are perfectly dissimilar in their nature. The difficulty of all verbal descriptions is shown by this very term, as it has led to a singular collection of cases under this name, by Dr. Warren, in his book on Tumors, which I see in your hands occasionally—this gentleman having grouped together, under the name of cancroid tumor, not only the disease that Alibert meant by it, but also the common spider nævus, and cases of fungus hæmatodes with extensive disease of the glands!

In fact, the irregular prolongations in question are by no means universal—perhaps even not so common as the oval or quadrangular figure in the two cases in the hospital at present. I have seen it in a marked degree in one case, a little child, five years old, who had suffered from small-pox, and some weeks afterwards two or three of the cicatrices became affected with some new action, with much heat and pain; in consequence of which a reddish growth formed in each place in the skin, rather more than a quarter of an inch high, the centre being perhaps three quarters of an inch broad, with three or four prolongations from it of about half an inch more, each gradually ending in the healthy skin. This was an example of the disease in a more active state, with much more vascularity of the new growth than in the two cases before us, which are of the more common chronic character.

The term cheloid tumor means exactly the same thing as the cancroid growth of Alibert; nevertheless it does not seem so objectionable as the other, as the difference of sound from the term cancer previously in use is less likely to lead to confusion by the different morbid growths being confounded together.

One of the cases now in the hospital is that of Mary Moody, æt. 25, who was admitted under my care last week, May 19th. This young woman has several flat elevations of the skin of the left breast, which altogether cover nearly all the upper half of

the gland: they are painful, especially when handled, and the whole surface of the mamma is tender when touched. The tumors are somewhat oval in shape, and from half an inch to an inch and a half in diameter; and there are five or six of them. She says they first made their appearance two years ago as "little knobs" in the skin, which after a time ulcerated, and since that time they have occasionally ulcerated slightly, the last time being three or four months ago. They are of a whiter colour than the rest of the skin, and firmer in texture, and are elevated about a line only above the general surface. The pain in these tumors is such as to keep her awake at night. Her countenance is pale, but she appears to be otherwise in good health. Catamenia regular, but profuse in quantity, and the pain is generally lessened at the time of their appearance. She is very subject to hysterical fits, and her whole manner is nervous.—Ordered a sedative lotion of Goulard and laudanum, shower-bath daily, and a mixture of decoction of aloes and spirit of ammonia and assafœtida three times daily.

The other case now under our notice is a patient of Mr. Cutler's, of whom I have received the following notes: Thomas Cradock, æt. 21, was admitted on the 12th of the present month, with a large tumor, of a circular or quadrangular shape, situated about the centre of the sternum: it is somewhat larger than a crown-piece, and apparently is only formed in the skin of the part. It is elevated about a quarter of an inch from the surface, and it has an abrupt margin; it is of a somewhat reddish colour, some parts, however, being whiter than the rest, and the surface is a little corrugated, and irregularly depressed, though nearly flat over the whole. There is another smaller tumor near it, of similar nature, forming an oval prominence, half an inch in length, with the skin wrinkled over it. He complains of much shooting pain in these parts. He states that the larger of these tumors has existed for about ten years, and that he received a kick from a horse on the part a short time before it formed. He has had it twice removed, the first time by ligature and afterwards by caustic, but it never was so large as it is at present. You saw them removed last week (on the 20th) by Mr. Cutler, by an incision including an oval piece of skin with both tumors, and the edges were then brought together by suture. The appearance, on a section of the part, is before you.

Some gentlemen present will perhaps remember another case, that of a little girl, who was operated on by Mr. Babington, about two years ago, I think. She was about 12 years of age, and had been burnt on the abdomen when young. A year before her admission, two points of skin, about four inches apart, began to grow in the cicatrix, and formed ultimately two tumors, about an inch and a quarter long, and half an inch wide: they were smooth, and nearly of the natural colour, or a little redder, and elevated about three lines; and they felt very hot and tender to the patient. Mr. Babington removed them by incision. Whether they returned again I know not; but it is not always quite fair to presume that a disease has not reappeared when the patient has not presented himself again to notice.

Rayer says, the cheloid tumor does not ulcerate; but Alibert's observations were different; and you see in my patient that there has been superficial ulceration, though it is now healed; and, in another case, I have known the ulceration to remain for a great length of time. This was in a woman, 30 years of age, who was sent up to me from a distance in the country, with very extensive ulceration over the skin of one breast, and the chest above it, in a considerable number of what I believe to have been these flat cutaneous tumors. They had begun eighteen months before I saw her, after a blow, and an issue had been made for them, the ulceration having spread over them afterwards. I saw this woman last autumn in the country, nearly three years after she was in the hospital, and although much better, there was still some ulceration, and several tumors now cicatrized. This woman had the same hysterical constitution and acute sensibility of skin that my present patient possesses. She suffered such intense pain that she begged to have the breast amputated, which I did not choose to do; indeed, the disease had spread to a considerable distance beyond it. The irritation of the ulcers had at that time caused some enlargement of the axillary glands; but, although supposed by herself to be cancer, the disease had no one point of resemblance, except the intense pain. The ulcers themselves were much more like the raw surface of ulcerated condylomata.

Such, then, is the history of five cases of this disease, which I have seen, and I think there were some others previously which I did not then distinctly recognise: some of you have also seen three instances, and all of you two cases of this rare disease; of which Alibert only appears to have seen eight cases, when he wrote his description of it, to which Rayer has added five more, which he had witnessed; and, to make the subject clear to you, I will next give you a short general account of the cheloid tumor, including some points of their observation, as well as my own.

The *appearance* of the tumor is that of a simple elevation of the skin, of a pale red colour, sometimes more vivid than in either of the two cases you have seen; and the vessels on the surface are somewhat larger than in the adjoining skin, and by their alteration, from heat or excitement of any kind, the appearance of the tumor varies from time to time. You may see some white lines running across the elevation, giving it a shrivelled aspect; and if it has diminished in size, the whole growth looks not unlike a tough cicatrix, as in this plate of Rayer's, in which the tumor arose in a scar. The tumor is fixed and firm, and resisting to the touch, especially if it is on the increase; the surface is flat, or a little depressed in the centre, if stationary, and more elevated and round if it is increasing; and if there are more than one, you may often perceive one elevated and smooth, while another is wrinkled; or opposite ends of the same tumor may present these different appearances.

The *shape* of the cheloid tumor may be round or oval, or quadrangular, or very irregular; and the prolongations from the body or angles of the tumor, from which it derives its name, two or three perhaps in number, are very irregular, being straight or curved, and gradually ending in a point, or ceasing more abruptly with a smooth round extremity. These claws, or branches, sometimes lie under a considerable portion of the thickness of the cutis, having the appearance of a guinea-worm or other solid body under the skin, giving you the appearance you saw in the smaller and more recent of these two which Mr. Cutler excised; and the epidermis in this state of tumor may be in little scales on the surface.

Their *number* varies, being single, or double, or perhaps there are several in the same person; if there are one or two they are sometimes quite distinct, though near each other, as in Mr. Cutler's case; or, if numerous, they may be partly confluent, as in my own patient; and they may be several inches apart, as in Mr. Babington's little girl.

The *symptoms* they produce vary from a sense of heat or itching to intense pain, which is described as of a burning kind; and this may be so great as quite

to affect the health, especially if there is the additional hysterical pain of the skin, as in both my patients, in whom the breast was the seat of the disorder; in the present one you find frequent fits of convulsions, and excessive tenderness both of the tumors and around them. This pain is made worse by increase of the circulation, as by exercise, or friction, or by agitation of mind, or by menstruation commonly; but, in our present female patient, it is lessened at those periods. In the young man the pain is not near so great; and sometimes the tumor will be quite indolent, so as to occasion hardly any pain whatever.

The *sex* of the patients is, according to Alibert, generally female, and hence he calls the disease a disorder of the absorbent system (how the fact would prove this, however, if true, I know not); Rayer, on the contrary, saw the cheloid tumor in four men, and only one woman; for myself, I have seen it in two women and one female child, in one man, and in a child, whose sex I do not remember. Probably both sexes, therefore, are nearly equally liable to it; and Rayer says it is in persons of lymphatic temperament that it takes place.

With regard to the *age* of the patient, Rayer says that he has not observed it previous to the second dentition; and that most of the patients whose cases had been published were adults or aged persons. I have seen it at the age of 12, and in one child at 5; consequently before the second dentition was over, at all events—supposing it to have commenced. The young man is 21, the female 25, and another 30 years of age. Perhaps, therefore, it might form at any age.

Next, as to their *situation*. Alibert says they occur almost always on the sternum; six out of his eight cases having been thus formed; Rayer also had three cases in the same situation; the other two being on the buttock and the face, and Alibert's on the face and the neck. Out of the five cases that have fallen under my notice, one was on the face and forehead, another on the abdomen, two on the breast, and only one on the sternum: one of those beginning on the breast subsequently spread a little beyond it on the chest.

Next as to the *causes* of the disease. In the young man the tumor is ascribed to the kick of a horse; in the woman, to a blow; and in my other female patient, from the same cause. It arises also in the cicatrix of small-pox, or of a burn, as the other two cases show you; or probably from any exciting cause in which the skin is altered; and they would sometimes appear to arise without any obvious cause.

Their *progress*, when once formed, varies much; sometimes they slowly and uninterruptedly increase, and alter their shape by irregularity of growth, or by sending out their characteristic branches; sometimes they grow to a certain size, and then remain stationary; occasionly, as in one case I have seen, they may shrivel and lessen, or nearly disappear, with only the appearance of a scar left in the part. They do not generally affect the health at all, as you saw in the young man. In my present patient the health is much affected with hysterical symptoms; but I do not know that this is directly owing to the tumors. In one of my other cases, the woman's health was obviously much deteriorated by the pain and irritation of the tumors when in an ulcerated state; and when I saw her again, she had recovered from these effects, the tumors being comparatively indolent nearly three years afterwards. At all events there was no appearance, even in this case, of cancerous deterioration of the system, though some had supposed the tumors to be of this nature.

Little need be said of *diagnosis*, for the tumor is quite peculiar in appearance. Occasionally, indeed, in an early stage, it may be somewhat like a cancerous tubercle in the skin; but it is redder and more irregular, and less elevated, and its progress soon shows the difference of the cases, the new growth never becoming warty, as cancer of the skin does, nor fungous if it be ulcerated; and the situation of the tumor usually, which is rare for cancer, and the youth of many would help the distinction, notwithstanding Alibert's perplexing similarity of name. At first sight the tumor might look like a nævus, but its firmness and flatness, and want of vascularity, will directly show the want of resemblance.

In the next place, as to the *texture* and *appearance* of the tumor on *dissection*. No mention is made by Alibert and Rayer of this important part of the history of the cheloid tumor. Before I had seen Rayer's work I had made notes of the appearance of the tumors which Mr. Babington removed, which appeared to me to be formed by the whole thickness of the cutis, thickened and elevated, and with its tissue unravelled, as it were; so that fibrous bands ran in a reticulated manner through the tumor, with the usual cellular appearance of the skin between the meshes, but without any new deposit of any kind in the structure. In these preparations, removed by Mr. Cutler, you may see exactly the same appearance, but somewhat firmer and harder; but in the smaller of the two, in which it may be supposed to be in a very early stage, you may perceive a small oval substance, covered by the outer layer of the cutis, with the cutiele in a natural condition, while the deeper portion of the cutis is also unchanged; the tumor itself, scarcely more than the size of a large pin's head in diameter, is therefore in the central part of the cutis, and consists of the intermediate layers of the cutis, scarcely distinguishable from the rest after maceration, except by a little greater hardness.

Microscopical examination shows that this portion possesses the same appearance as the ordinary texture of the skin in its normal condition. I requested Mr. Toynbee, who is more used to the microscope than I am, to examine sections of each of these tumors, on the day they were taken out, without telling him what they were; and his note to me says:—"I have examined with care the specimens that you brought me, but I fear that at present the microscope will not throw much light upon the nature of these morbid structures. 1st. The two smaller slices (taken from the larger tumor) appear to be composed of delicate cellulo-fibrous tissue, among which very few cells can be traced. 2d. Sections of the growth in the integument (the small recent tumor) present also a very fine lax tissue, in which are interspersed nucleated cells." I fear this does not enlighten you much. In fact, hitherto the microscope does not seem to have shown much more than the naked eye can perceive; and sometimes it shows even less distinction between natural and morbid tissues; referring them all indiscriminately to nearly the same elementary parts. Such, at least, is the impression with which one rises from a perusal of Müller's recent researches on the intimate structure of tumors.

The *nature* of these tumors appears to me, therefore, to be little more than *simple hypertrophy* of the skin, in which the texture is unravelled, as it were, in the way that you may see in many cases of anasarca; only, instead of mere serum, you have a more organised deposit in the interfilamentous parts. If the hard bands and growths of burns are taken as analogous to the cheloid tumor, but in a more active state, you have some confirmation of this opinion, since these substances are not mere contracted cicatrices, as you might imagine from some descriptions, but actual morbid growths, which occur on the surface without any contraction, and increase to a great thickness, and which are yet only a vascular hypertrophied condition of cutis. The cheloid tumor is per-

haps most like a chronic and hardened condyloma; only the latter affect the surface of the cutis, and are generally deprived of cuticle, and moist, because they occur only where surfaces are kept moist and in contact; as in a girl in the hospital some time ago, who not only had them in the usual situations, on the labia and thighs, but had great masses also in the axillæ and umbilicus, where the secretions were retained.

One might also take warts, condylomata, and cheloid tumors, as different degrees of similar enlargement, according as the papillæ chiefly, or the outer surface, or the whole thickness of the cutis, were the seat of the hypertrophy; allowing, also, for different degrees of moisture and rapidity of growth; or you might almost add the Barbadoes leg, and tumors of the scrotum and labia of the same disease, in which the subcutaneous tissue is also diseased; while the growths of burns give you analogous hypertrophy of the new tissue of cicatrices in a state of mere inflammation.

It would thus appear, as in all simple growths of natural tissue, that the cheloid tumor is innocent in its character, and is only a chronic tumor of the cutis. Alibert supposes it may be intermediate between dartre and cancer, possessing the scaliness of the one, and the pain of the other. The two diseases (if so unmeaning a term as dartre be used) have, however, nothing whatever in common, nor the cheloid tumor with either; unless, perhaps, some cases of mild superficial cancer of the skin have been confounded with the cheloid tumor, for one plate looks very like ulcerated cancer of the skin.

Such, then, being an account of this rare and singular formation, let us next consider the treatment applicable to it. And if it be, as I suppose it is, innocent in its nature, there is no harm in trying to relieve or cure the complaint; it is not, as in cancer, that you thus trifle away the time, till the opportunity for operation has gone by.

a. An operation for its removal by the knife frequently fails. I do not know the results in Mr. Babington's case; so we will hope that it is cured, as the girl has not returned. The tumor in Mr. Cutler's case was of a large size, and was, therefore, very proper for removal, especially as the ligature and caustic had previously been tried ineffectually. But Alibert and Rayer both speak of the tumor generally returning after it has been excised; perhaps, therefore, it may again come back, as it has twice before. In one case published by Dr. Warren he has given a plate of this curious circumstance—that after the removal of one tumor of this description seven fresh ones made their appearance; namely, one long one in the central line of the incision, and six others of a smaller size representing the apertures made by these ligatures that had been used in the previous operation.*

It is not very surprising that a disease, which is yet not malignant, should thus return, since we find warts in the same manner very difficult to eradicate, and their own secretion seems capable of propagating the formation; there is a disposition in the texture of the skin, or in the constitution, for them to grow frequently, and in great numbers, and at last, perhaps, they cease altogether in some unaccountable manner. This tendency to reproduction in the cheloid tumor shows us, however, that when we operate we should do so freely, with a good deal of surrounding skin. Doctor Warren says that, in one case, in which great attention was thus paid to the operation, the tumor was finally eradicated, although it had repeatedly returned before, after less skin had been removed.

* We understand that it is already beginning to grow again (August 20), and that there are the same appearances in each of the punctures of the needles as in Dr. Warren's case.

b. Probably we have the same choice betweeen the knife and caustic that we have in cancer, but you perceive that it has been used ineffectually in Mr. Cutler's case, as well as the ligature, which last seems to be a bad way of operating in any case. Circumstances may render either the knife or caustic preferable to the other in particular cases, but if caustic is employed, it must, of course, from the structure of the diseased part, be so applied as to destroy the whole thickness of the cutus, and act a little beyond the tumor itself.

c. But the removal of the whole diseased structure, either by operation or by caustic, is not always practicable; in my present patient, for instance, and in a previous one, where the skin of the breast was affected, the diseased structure was much too extensive for removal, unless in some worse disease than this is, in which, as in cancer, severer plans may be justifiable. It has been observed in some rare cases that the new growth has ceased to increase, and has shrivelled up, and almost dispersed of itself. It is possible that we may sometimes imitate this natural cure, by some applications of astringent qualities, which may dry up the surface, as it were, without inducing ulceration or sloughing. In the child in whom it took place after small pox, I believe that much good was done by a strong solution of lunar caustic, and, perhaps, nitric acid, sulphate of copper, and iodine, with iodide of potassium, may each act in strong solution in a similar manner, being applied with a brush, and immediately dried again, leaving the surface corrugated; or, perhaps, lunar caustic in substance, applied so as to make a dry thin eschar, may answer the same purpose. In the acute thickening of burns, I have often known the new growths checked, and the pain immediately relieved, by the continued application of oil to the surface, by means of a piece of lint; and perhaps this may have some influence also on the apparently analogous growth of the cheloid tumor. I learnt this first from a patient in whom several points of painful growth and contraction were taking place on the neck and chest, and to whom some friend had recommended neatsfoot oil. I thought any other oil would produce the same influence, which I have found in reality very beneficial, and so I understand some of my colleagues have also done since I tried it, when the cicatrices were painful and increasing.

d. In the painful or in the ulcerated state of the tumor, I presume the ordinary applications useful in ulcers, will promote cicatrization, and act as sedatives. I have ordered, in this patient of mine, a strong solution of goulard and laudanum, which, in the few days she has used it, has given some relief. A lotion of prussic acid will probably do the same. The various oint-ments of iodide of lead, or mercury, may be tried, or lotions of mineral acids, or black wash, or simple lime-water, or the different preparations of zinc, and so on. In our patient, ulceration has several times returned after the surface had quite healed; and such was the result in the other ulcerated case.†

e. It does not appear that internal remedies are likely to be of much service for this local growth. Rayer does not appear to have made many trials to cure the disease, either by local or general remedies, but Alibert made numerous attempts to do so, he tells us, but found them all fail. In this patient I have ordered assafœtida, and the shower bath, and purgatives, with a view to her excessively nervous temperament, and

† Since this lecture was given, oil and laudanum, and strong solution of iodine, have been tried, each apparently at first with some diminution of the tumors, but the latter, in her hysterical state, has given much pain, and has been intermitted, and solution of sulphate of copper ordered.

hysterical fits, and the latter symptom is already better. In the other woman, I have learnt that her usual medical attendant, partly by my advice, has tried various means, both before the short time she was under my care, and subsequently—sarsaparilla, and other tonics, and alteratives, and purgatives, oxymuriate, and other mercurials, and iodine in some forms, but at the end of above four years, the disease remains, though the general health has much improved, and the ulceration and local suffering have proportionately lessened. It is probable that there is no specific, either local or general, for the complaint, and that the ordinary rules of attention to the health may do some little good, but cannot effect a cure.

f. It will remain, then, for us to endeavour to soothe the state of the patient, and relieve the pain, and perhaps in some measure check the disease, and improve the general health by some of these means I have spoken of; and that we should seldom have recourse to operation, as being not often necessary for a non-malignant disease, and also because experience shows that it has generally failed; and, finally, that if we do have recourse to the knife, or to the use of caustic, they must be employed so as to destroy the whole disease in a free manner.—*Med. Gaz.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen—Should you consider the following cases of sufficient interest, I shall feel obliged by your inserting them.

Your obedient servant,
A. GUINNESS, M.D.

Clontarf, Sept. 10, 1840.

CASE OF CHRONIC PLEURISY WITH EFFUSION.

Having read a very interesting paper in No. CXL. of your useful periodical, on chronic pleurisy with effusion, by the late J. Hope, M.D., I send you the notes of a case of the disease which I had lately under my care. Early in January last I saw Master M——, aged twelve years. He had just returned from a school in England, and, for upwards of two months previously, he had had a short cough, with pain in right side, and dyspnœa. The person in attendance was of opinion that the cough and other symptoms were owing to a deranged state of the digestive organs he accordingly gave a great quantity of purgatives and the poor boy was sent home to his father for the Christmas, with a letter to him stating that he had been very ill, but that, under the skilful treatment of the doctor in attendance he had been quite restored. He, however, finding that the boy was very much emaciated, and was much harassed with constant, cough, &c. &c., sent for me. I found on percussion that there was complete dulness extending from the right clavicle downwards, and also posteriorly and laterally; great dyspnœa, breathing also very humid, short dry cough, respiratory murmur heard feebly just under right clavicle, but at no other part of right side could it be heard; left lung appeared to be healthy; pulse quick; skin dry and hot; sleepless nights; loss of appetite: much distressed at night with cough and dyspnœa. I looked upon the case in rather an unfavourable light, more especially as his mother had died of phthisis; however, I proposed that there should be a succession of blisters applied both anteriorly and posteriorly. This treatment was accordingly commenced, when it was agreed that Dr. Stokes should be consulted; he approved of blisters, and advised a repetition of them for five or six weeks, with the addition of two grs. of hyd. c. cretâ, to three grs. of Dover's powder, which he had been taking previously, twice a day, and after a time advised iodine both internally and externally. Having continued this treatment for a few days, I gave him half a grain of the proto iodide of mercury, with three of Dover's powder twice daily, and dressed the blistered surface with the ointment of hydriod. of potass, and also rubbed in a small quantity of this ointment every night over those portions of the thorax not blistered. In a short time there was a visible improvement, and he complained of debility more than any thing else. I now allowed him a small quantity of meat, and also a small glass of porter daily, as soon as his mouth became slightly affected I stopped the mercury, but continued the ointment; he was blistered altogether about ten times; at the end of six weeks I again brought him to Dr. Stokes. The right side of thorax, which, previous to the treatment had measured considerably more than the left side, now was found to be much smaller than the left; cough gone, dyspnœa gone, and the breathing not nearly so much hurried; he was much improved in appearance, and his appetite much better; respiratory murmur was now heard throughout the whole lung, and the chest sounded clear on percussion. Dr. Stokes pronounced him cured: he has continued perfectly well ever since.

CASE OF CAVITY IN THE RIGHT LUNG WITH FREQUENT ATTACKS OF HŒMOPTOE.

Michael Reynolds, an emaciated, wretched looking man, of scofulous habit, aged about thirty, stated that he had just left hospital, and that he had been sent home incurable, in other words to die: he was most anxious that I should do something for him. I really looked upon his case as hopeless; there was dulness on percussion on right side of thorax, particularly under right clavicle, where there was also pain, particularly when he coughed; this was most troublesome, and the expectoration was mixed with blood (whilst in hospital the hemoptysis had been very great, but by active treatment this was much relieved;) he could not sleep at night with the constant cough; he told me that blisters had been tried without effect, and also tartar emetic ointment; indeed when he applied to me he had an extensive crop of pustules over his chest; his pulse was very rapid; he complained of palpitation, which was very distressing; he had suffered for seven years from frequent attack of hœmoptoe; indeed he assured me that a month or six weeks never passed without a severe attack of this kind during that period. I proposed to insert a seton two inches in length, immediately under right clavicle; this he readily acceded to, and I cupped him under the seton. I also gave him an expectorating mixture, with five drops of T. Digitalis in each dose, and Dover's powder at night; he got also the infusion of taraxacum, with a small quantity of sulph. magn. in the mornings. I at first confined him to a milk diet, but ordered him to keep in the open air as much as possible. I wrote to the resident medical officer under whose care he was, begging of him to inform me what state he was in whilst in hospital, also what was the prognosis of his case: the following is an extract from his answer:—

"When Michael Reynolds left hospital, it was the opinion of the physician under whose care he was, that a cavity had formed in the apex of the right lung. During his stay in hospital, he had frequent attacks of hœmoptoe, and emaciation appeared to be rapidly progressing. The prognosis appeared to be most unfavourable, and it was also considered that he could not live any considerable time. His brother had died of the same complaint not many months before, in the adjacent ward."

I have only now to state, that as soon as a good purulent discharge was established, the cough and other urgent symptoms gradually subsided; the seton is now in, upwards of three months, and he has been for the last fortnight at work; he called here last Sunday to get his seton dressed. I find the chest sound, quite clear on percussion—his cough is nearly gone—no hemoptysis, nor has he had any since he came to me; he has grown quite fat, and has not been so well for years; the seton still remains in. He has for some time taken meat, and a pint of porter daily, and he states that he sleeps the whole night.

MOTIONS OF THE HEART.

TO THE EDITORS OF THE MEDICAL PRESS.

Waterford, September 11, 1841.

GENTLEMEN—Some of the observations made by M. Cruveilheir on the exposed fœtal heart, as recorded in your 140th number, have induced me to send you the following note for insertion, should you think it worthy of a place in your valuable columns.

A blue shark about 8 feet long was caught, and brought on board the merchant ship Africa, in the Indian ocean at 2, P.M. of the 15th July, 1836. After the seamen had cut open the body, and taken out the back bone, I removed the heart and held it in my hand. The contractions were slow, remarkably distinct and in the following order:

1. The auricle.
2. The ventricle scarcely any interval.
3. A pause.

The contraction of the ventricle occupied a longer time (about double) than that of the auricle. The organ was empty. We had no instrument at hand to try if any sounds accompanied its motions, and the use of the finger employed by M. Cruveilheir did not occur to us.

These phenomena were continued for several minutes, and their order of succession was apparent, not only to Dr. Rumley, of the Ceylon Rifle Regiment, who was present, but to a number of military officers, all of whom, on being asked what part began the movements, uniformly pointed to the auricle.

The contractions were about 15 in the minute at the beginning of the observation, and fell to about 6 when it was ended, the periods of repose being more lengthened in proportion to their relative duration than those of contraction.

This heart with a note of the observations made on it, was presented to the Army Medical Museum at Chatham in the following November.

I am, gentlemen, your very obedient servant,

J. CAVET.

REVIEWS AND NOTICES OF BOOKS.

STATISTICS OF THE RETREAT NEAR YORK, BY JOHN THURNAM, Esq. 1841.

TWENTY-SEVENTH ANNUAL REPORT OF THE DIRECTORS OF THE GLASGOW ROYAL ASYLUM FOR LUNATICS.

We feel great pleasure in drawing the attention of our readers to the above reports, as illustrative of the results of an improved method of managing a class of patients whose treatment, until very lately, has not only been an opprobrium to the profession, but a scandalous blot upon our character as a christian people. It is surely bad enough to visit poverty with the punishment of crime, but it is ten times worse to aggravate by our inhumanity, the heaviest affliction to which "flesh is heir." Thank God, the day of this wretched tyranny is nearly over, for it really makes the blood run cold, to read of the dark damp unwholesome cells, the fetters and the scourge to which the children of sorrow were exposed, and often when infirmity did not blunt their sense of the ignominious treatment adopted towards them.

Our readers are probably aware, that Dr. Conolly, of Hanwell, Dr. Hill, of Lincoln, and others, resolved to try how far lunatics could be treated with kindness, like human beings, and casting aside all means of coercion and punishment, they appealed to feelings not less keen in lunatics than others, and depended upon the watchfulness and the tact of the attendants, rather than upon methods of restraint that aggravated the evil.

But it is not to these distinguished individuals, that the honour of being the first to adopt this treatment is due. "It is now generally admitted," says Mr. Thurnam, "that the retreat was the first institution in this kin dom, the officers of which, decidedly recognized the principle that it was not, speaking generally, by means of fear and intimidation, but by judicious and persuasive kindness, tempered firmness, by that the insane were most efficiently managed and governed; and consequently, that this was the plan of moral treatment most favourable to recovery. All implements of punishment, chains and all severe means of coercion were, if not from the very post, very speedily discarded; and in the course of a very short time, a conviction of the inefficiency of the old method, and of the evils connected with it was established in the mind of the original superintendant, the late George Jepson, under whose administration the superior efficacy of the mild system of treatment both as respects care and security, was soon apparent."

This same mild treatment is adopted in the Asylum at Glasgow (and in the one at Dumfries), which we had lately an opportunity of inspecting, through the politeness of the very able resident physician, Dr. Hutchison, and where we witnessed a degree of comfort, content, nay happiness, we could have scarcely believed possible.

But the question of course will be suggested—what has been the result as to cure, and what the mortality? Mr. Thurnam states, (p. 30)—"Of the whole number of 615 cases admitted into the retreat, 291 or 47. 31 per cent, were discharged recovered. But it is perhaps fairer to limit this calculation to the cases for which the institution is particularly designed; and we then find that of 550 cases in persons belonging to, or connected with the Society of Friends, 276, or 50.18 per cent., were discharged recovered." Again, "as there were 615 admissions at the retreat during the 44 years, and as the deaths were 139, the proportion of deaths to the admissions was 22.60 per cent.," or more correctly, calculating the average annual number resident, and the annual mortality, we find it to have been 4.70 per cent.; or exclusive of those unconnected with the Society of Friends, 4.59 per cent., which is an extremely low rate.

At the Glasgow institution, Dr. Hutchison remarks, "of the patients dismissed during the year, the cured amounted to nearly 67 per cent., the relieved to 15½ per cent., and the deaths to 10 per cent.

These statistics will, we are sure, satisfy any candid mind, as to the propriety of the "noral treatment," judging by the results, even independent of considerations drawn from the propriety of it.

Occupation and amusement, with watchful and kind supervision, are the chief agents in the treatment of the insane. "We employ our patients, says the Glasgow report," in gardening, and other out-door labour; as weavers, shoe-makers, tailors, saddlers, carpenters, cabinet-makers, and upholsterers, turners, glaziers, painters, and not a few give their aid in the work of the galleries. Our female patients are occupied in washing, and dressing, carding, spinning,

and winding, shoe-binding, sewing and knitting, embroidering, and other fancy work. Many of both sexes employ themselves in ministering to the comforts of the sick and the helpless." "Our amusements consist of billiards, bagatelle, cards, and chess, draughts, dominos, and a variety of other games, reading, drawing, and music, both vocal and instrumental."

We had an opportunity of witnessing many of these employments; for instance, we saw a room full of insane persons using hatchets, hammers, adzes, chisels, and other tools employed by carpenters, with perfect safety, no instance having occurred of their possession having been abused.

But what is done with the violently maniacal? some one may ask. They are placed by themselves in a comfortable darkened apartment, the walls of which are wadded, to prevent injury, every means of injuring themselves is removed, proper medicines, baths, &c., administered, and they are promised liberty if they will exert self controul. They are rarely thus confined for more than four days.

There are many questions of great interest connected with lunatic asylums, which our limits do not permit us to enter upon—the most important, that of the propriety, safety, and success of the mild system of restraint we have, briefly discussed—and we conclude, by referring our readers to the two reports we have quoted, as embodying much information, and very valuable statistics. The two institutions reflect much credit upon the humanity of the directors, and upon the talent and zeal of the medical superintendants.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, SEPT. 9.—Council met.

The Treasurer reported the receipt of the following sum:—

Henry Kennedy, M.D., Dublin, 10s. renewal subscription.

The following report was read and ordered to be printed with the proceedings:—

REPORT

On Medical Statistics, by the Committee appointed by the Council of the Medical Association of Ireland, to consider the Report forwarded from Limerick, and to ascertain and report upon the best arrangements for the purposes contemplated therein.

WE have directed our attention to the report of the Limerick Association, on the subject of dispensary registries; and beg leave to offer to you the following remarks, being the result of due reflection upon the important object of the report.

Comprehensive medical registries are of the utmost importance, and, therefore, ought to be generally adopted.

Their importance and value will mainly depend upon their being so wisely regulated, as to supply information required for all medical, as well as for all state purposes, and to elucidate the doctrine of probabilities, in all matters connected with their contents. They should be so constructed as to afford data for ascertaining the relative extent of various diseases, as influenced by locality, season, food, occupation, or other causes of a general or an endemic nature; the results of various treatments and their value, as contrasted with each other; the mean duration of the same disease under different treatments, as contrasted; and the results, upon the propagation of disease, of hereditary and infectious, of moral and physical influences. In fine, they ought to be framed, so as to supply accurate data for general inferences in practical medicine, as well as all matters connected with jurisprudence, assurances, statistics, and state medicine.

To have any system of registry universally adopted in Ireland, it must emanate from a central council; and properly arranged forms, with necessary instructions, should be forwarded to all professional men connected with public medical institutions.

We conceive that the adoption of such forms are possible, even in private practice; omitting the names of patients, but embodying general feature. Such an arrangement would make the nearest possible approximation to a complete system of national medical statistics; and though many difficulties may, and will lie in the way of so extensive a plan, yet, as knowledge and truth are the objects sought after, it especially behoves a profession claiming to be scientific and philanthropic, to make every effort to attain as near as possible to accuracy and perfection. To make such registries available, it would be necessary that the individuals making them should submit them annually to censors or inspectors, who, from the several reports, would form one concentrated report, for the use of the profession at large—the general report to be grounded upon the same system and principles as the local reports. Such a general report would greatly tend to elucidate the state of health and disease in Ireland; to mark unwholesome localities, and to ascertain the causes of their unhealthiness, and thence to effect their removal. It would tend more than any other measure to benefit public health, and advance medical knowledge in this country.

For such duties, the Board of Medical Charities, as suggested by the Council of the Medical Association of Ireland, would be admirably adapted, and the control and regulation of such returns under such a medical body would be most valuable, by creating and ensuring proper medical statistics in Ireland—while another good resulting from such management, would be the enforcing upon the medical attendants of charities, the necessity of proper search and enquiry upon all those points so essential to be known, and which would be thus directly enforced as a matter of serious responsibility.

There will be some difficulty at first, in inducing the general adoption of a system, which appears to be tedious and troublesome, but which, virtually, is not so. But we feel assured, that whatever you will deem advisable to recommend, will be adopted, at once, by many, and ultimately by all who pursue their profession as a science, and respect it and their own character. Finally, such a registry, kept by even a portion of the profession, will constitute a more valuable source of knowledge than mere statistics of ages and deaths, valuable rather to political economists, than to medical enquirers.

We have attempted to devise such a form as we believe valuable and practicable, embodying in it all such matters as may be necessary for the purpose of allowing general inferences to be drawn from the aggregate of such reports, upon questions of a strictly medical, as well as of a public nature. We have appended the proposed form to this report, with notes explanatory of the mode of keeping it, and of the results derivable from it.

We have perused, with pleasure, the elaborate report of the Limerick Medical Association, to whom, we believe, is due the credit of having introduced the subject for professional consideration in Ireland; and if there be points wherein we differ from the views taken in that report, its framers will not attribute the expressing of that difference to any other motive than an earnest desire to advance medical science, and to elevate professional character at a time, and under circumstances, when but too many insidious attempts are being made to degrade both.

The report of the Limerick committee may appear to express an opinion, that registries might be upon a more comprehensive scale, if kept by clerks, but that dispensary doctors have other duties, and were not educated for such purposes. Now we quite agree with those views, if the registry is to be a mere enumeration of names, ages, residences, and deaths—but if, on the other hand, it is to be a record, suited to be made available for the advancement of medical science, then do we assert as regars the doctor, that "the course of education he received, and the examination he went through, were *not* totally unnecessary;" and we feel assured, from our knowledge of the spirit of enterprise, and the scientific zeal of the great majority of the profession in Ireland, that the adoption of a more complete form of registry will not be, as the reporter apprehends, "a vain attempt to attain a degree of completeness in those documents, which would be almost certain to endanger the correctness of those particulars, which, in a statistical point of view, are much the most important." Neither can we recognise the importance of the statistics here alluded to, over the strictly medical statistics, which go not only to ascertain the extent of disease, and amount of deaths in a community, but tend still further to ascertain the causes and the sources of the malady, and to shew the means whereby it is likely that the spread of illness may be arrested, the duration of it shortened, or the extent of its fatality diminished. These are results "the most important," which we think may be rationally anticipated from accurate medical statistics: and for which education and professional abilities are essential; and results which could not be obtained, if the registry was kept by a mere clerk, or non-professional registrar. Therefore, have we come to the conclusion, that if registries are to be recommended by the Council of the Medical Association of Ireland, and a form is to be from thence suggested for general adoption, it best comports with the station which the Council occupies, and with the character, real interest, and advancement of the profession in Ireland, that such a system shall be framed as may be most conducive to the objects of medical science, as well as to those of state policy. Acting upon this impression, we venture to propose a system, which we hope will be found suited to attain the important ends we have alluded to.

It will be perceived that we have not omitted, in our table, any one of the observations included in the table forwarded from Limerick, and that we differ from that report, only in being somewhat more comprehensive; while as to the principle of the value of such extensive registries, there is no discrepancy in our views, the only difference being, as to the practicability of the adoption of any tables more extended than those suggested in the report of the Limerick committee. As a matter of recommendation, as regards the registry system, we would not directly suggest the keeping of two books, leaving what is termed the day or memorandum book, as altogether optional, but hoping that there are but few physicians who do not feel the value of such daily noting of the progress and treatment of all important diseases entrusted to their care; without such notes, the mind will but ill digest the facts presented daily to view—without such notes, the results of practice cannot be made available to the profession at large—and such are the best materials upon which a physician can build a reputation, that will extend beyond the locality of his practice; or whereby he can convey his usefulness to others, than the limited circle he prescribes for. True it is, there may be some of our professional brethren too indolent for all this, but thank Heaven they are few, and we do not address ourselves to them, If a man lack the honest ambition and the moral principle which would impel him to distinguish himself in serving his kind, it is useless to ask his aid for the advancement of science—his character will be stamped upon his reports, and they will be valueless; because imperfect, or incorrect, or perhaps untrue. But on the other hand we feel satisfied, that men of a different stamp will not hesitate to be the registrars of their own practice, and will not be deterred, because of having to note a little fully, the very things about which they must have thought fully, and duly reflected, or else it were better for themselves and their patients, they had not thought at all. Be it recollected too, that while good registries are valuable to the profession, and to the public at large, they become peculiarly valuable to the individual who makes them, by furnishing data, whence to ground future valuable observations; and facts which will enable him with more certainty of success, to diagnose and treat, to prognosticate and cure. If it were necessary to urge any arguments beyond the merits of the question itself, we should blush to know how far behind our Continental brethren in medicine, we stand in all those matters of statistics and observation, which mark the spirit of philosophical enquiry, engendered in the profession there—while even at home, we see men of the first eminence in the profession—men, most of whose time would seem to be swallowed up in a round of continued and temptingly lucrative practice—devoting much of their really valuable time to the taking of copious notes and observations of their extensive practice and shall not these things urge us not to foster amongst our professional brethren, in the few instances where it may be found to exist, a spirit of distaste for medical statistics, disgraceful to the profession and mischievous to science.

We hope there are but few, who will object upon the ground of trouble to the system of registry we propose, but if there were many, we shall not surrender a principle to their discreditable indolence; while we have no hesitation in expressing our belief, that it would be preferable at once to adopt, even amongst a few, that system from which important facts may be gleaned for the profession, as well for the state.

We agree with the Limerick report, in approving of the nosology of Mr. Farr, as one best suited for general adoption, though we apprehend there may be difficulties in the way of the adoption of any one specific form. We have, therefore, appended to our table, the classification laid down by that gentleman in the report of the Registrar-general of England, for '39.

We would suggest, that to make local registries available for the profession at large, it would be essential that all the reports should be annually forwarded to some central and inspecting body, such as before alluded to, whose duty it would be to analyse, and digest into one concentrated report, the materials so supplied—drawing inferences, and stating results, and giving the figures as to the extent of all diseases within each year; together with the relative fatality both generally and where necessary, locally, if endemic or other causes appeared to influence a greater spread than ordinary, in any one locality; he influences of occupations, and of hereditary transmission, with a multiplicity of other useful facts, which such a mass of observation must be sure to afford. We feel satisfied that by this means knowledge would be attained, regarding health and disease in Ireland, to an extent greater in one year, than a century shall effect without such evidence as those registries alone can supply.

Signed by the Committee,

William Kingsley, Roscrea.
John Jacob, Maryborough.
Daniel Griffin, Limerick.
Robert Cane, Kilkenny, (Reporter.)

MEDICAL REGISTRY AND STATISTICS OF ———— FOR THE YEAR ENDING DECEMBER 31, 1841

NO.	NAME.	AGE.	RESIDENCE.	OCCUPATION.	DISEASE.	ATTACKED.	APPLIED.	HEREDITARY TENDENCY. MALE.	HEREDITARY TENDENCY. FEM.	CAUSES.	TREATMENT.	RESULT AND ITS DATE.	OBSERVATIONS.
300	Mary Brown	24	Green-street	Servant	Phthisis	3 mo's ago	January 31	...	1	..	Counter-irritat.; sedatives.	D. April 2	Her mother died of the disease.
301	John Green	50	John-street	Paviour	Inguinal Hernia	6 mo's ago	—	1	...	Occupation	Fitted with a truss.	—	His father and two brothers are ruptured.
302	Anne Scott	30	Hill-street	——	Insanity	6 weeks	February 1	...	1	Pregnancy	Gave cert. for committal to L. A.	—	Her mother and grandmother had puerperal mania.
303	Ellen Cody	17	Ditto	Sempstress	Scarlatina	January 31	—	...	...	Infection from sister	Leeches, Aperients, Antimonials.	C. Feb. 11	
304	John Toomy	21	Goose-hill	Weaver	Small Pox	Ditto	—	...	...	Contagion	Aperients and saline drinks.	Feb. 14	Was vaccinated in 1820.
305	Wm. Clifford	30	Black-mill	Tailor	Hydrocele	10 mo's ago	February 2	...	...	...	Radical treatment, used sulp. zinc.	C. March 1	
306	Ed. Moore	29	High-street	Clerk	Cataract	2 yrs. ago	—	...	...	...	Division through the sclerotic.	—	Operation unsuccessful.
307	Jane Nolan	41	Parade	Servant	Typhus Fever	January 30	February 3	...	...	Contagion	Leeches, aperients, wine, &c.	C. Feb. 20	Never had fever before.
308	Thomas Reede	29	Ditto	Ditto	Ditto	February 1	—	...	...	Ditto	Ditto.	C. Feb. 18	
309	Anne White	38	Ditto	Ditto	Ditto	January 24	—	...	...	Ditto	Wine, broth, ammonia, blisters.	D. Feb. 17	In collapse when first seen.
310	Tim. Wilkes	46	Rose-hill	Carpenter	Brights Disease	4 mo's ago	—	...	...	...	Mild mercurials, vapour baths, &c.	..	
311	Robert Oliver	50	Chapel-lane	Gardener	Pleurodynia	January 25	—	...	...	Wet clothes	Cupping, aperients, hot bath.	C. Feb. 7	
312	Ellen Coogan	27	Ditto	Laundress	Pneumonia	February 1	—	...	...	Ditto	Venesect., cup., tart. ant., and cal. c. op.	C. Feb. 15	
313	John Tobin	56	Anne-street	Slater	Rheumatism	January 2	February 4	1	..	Sleeping in open air	Hyd. potass, ℈i. doses, bandaging.	C. Feb. 14	Hydr. potass most successful remedy in chronic rheumatism.
314	Ellen Neale	22	James's-st.	——	Syphilis	January 1	—	...	...	...	Mercury to ptyalism.	C. March 10	
315	Peter Boyle	25	King's-court	Bailiff	Stricture	6 mo's ago	—	...	...	Gonorrhea	Treatment by dilatation with bougie	C. April 20	
316	Anne Coogan	31	High-street	——	Bronchocele	2 yrs. ago	—	...	1	Cold	Iodine, internal and external.	C. April 25	Tubercle in several of her family.

NOTES ON THE TABLE.

Tables thus constructed would furnish data for such conclusions and inferences as those that follow:—

"Of the three thousand cases prescribed for within the year, I find that eighty were cases of tubercular phthisis, and that in 50 of them the disease was traceable to hereditary taint. In 22 of them, disease had been present at the maternal side; in 16 at the paternal; and in the remaining 12, father and mother had both died of the disease.

"Of the 13 cases of insanity, 6 were cases consequent upon the diseases of childbed; 4 were daughters of women who had had puerperal mania; and in all there were 8 traceable to hereditary tendency—2 on the male and 6 on the female side.

"Of the 10 cases of hernia, there are three which appear to illustrate family tendency, so many members of the family have had the disease; and 6 of the cases have occurred among those trades or occupation requiring much exertion in the upright posture, as paviours, field labourers, and masons.

"Of the 8 cases of small-pox, 3 had been previously vaccinated, and the result was a modified small-pox.

"Of the cases of typhus fever, nearly all where petechiæ were present were cases traceable to the influence of infection, and I cannot as yet discover that any of them ever had *petechial* fever before.

"In the column marked 'Hereditary Tendency,' a down-stroke marks whether the transmission has been from father or mother; and in the column 'Result,' D. is placed for dead, and C. for cured."

The value of such inferences as those drawn above, and which can only be drawn from tables comprehensive as those we have laid down, must be obvious to every reflecting mind—the value will be felt in the practice of the note-taker himself; and were such notes and inferences to be made in many localities, the general results would be most beneficial to science, even beyond these kingdoms.

MR. FARR'S NOSOLOGY.

1*st Class*—Epidemic, endemic, and contagious diseases, as fevers, influenza, scarlatina, &c.

2*d Class*—Of the nervous system and senses—Brain, spinal marrow, nerves, eyes, ears.

3*d Class*—Of the organs of respiration—Larynx, wind-pipe, air-tubes, lungs, pleura.

4*th Class*—Of the organs of circulation—Heart, arteries, veins, lymphatics.

5*th Class*—Of the digestive organs—Mouth, œsophagus, stomach, small intestines, colon, rectum, pancreas, liver, gall bladder, spleen.

6*th Class*—Of the urinary organs—Kidneys, ureters, bladder, urethra.

7*th Class*—Of the organs of generation, including puerperal diseases.

8*th Class*—Of the organs of locomotion—Joints, bones, ligaments, tendons, muscles.

9*th Class*—Of the integumentary system—Skin, cellular tissue.

10*th Class*—Of uncertain seat—As gout, fungus hæmatodes, &c.

11*th Class*—Old age.

12*th Class*—Deaths by violence.

Ordered that the following circular be printed, and 500 copies forwarded to Dr. Kingsley for distribution:

Roscrea, September, 1841.

DEAR SIR—I am directed to request, that you will kindly allow your name to be enrolled as a contributor to the above charitable society, the prospectus of which you will find in the 134th number of the MEDICAL PRESS.

The annual payment of £1 1s. constitutes a subscriber, and donors of £20 are governors for life.

A general meeting of the subscribers (of which you shall receive due notice) will be held at as early, and as convenient a period as possible, for the purpose of appointing a committee of management, trustees, treasurer, secretary, and other officers.

Your early reply will much oblige your very obedient servant,

W. KINGSLEY, Honorary Secretary.

POOR-LAW INTELLIGENCE.

HOUSE OF COMMONS, SEPT. 6.—Mr. Roebuck gave notice that whenever the house should go into committee on the poor-law amendment continuance bill, he should move that the board of commissioners be abolished, and that all the powers exercised by them which might be considered requisite for the working of the measure should be transferred to the secretary of state for the home department.

MOUNTMELLICK UNION.—At the meeting of guardians held on the 4th inst., the following letter was read:—

Poor Law Commission Office,
Dublin, August 24, 1841.

SIR,—The Poor Law Commissioners have had under consideration, minutes of proceedings of the Board of Guardians of the Mountmellick Union, on the 29th ult., containing a form of contract for the perfection of vaccination, at 1s. 6d. per case.

The Commissioners request the Board of Guardians to reconsider the subject, with reference to the Commissioners' letter of the 25th of January last, and they desire to point out that the 6th sec. of the act renders it obligatory on the Guardians to take measures as soon as may be for contracting with competent medical practitioners, at the same time that the act imposes upon the Commissioners the responsibility of fixing the remuneration to be paid; and the remuneration of 1s. for each of the first 200 successful cases, and 6d. for each subsequent thereto, has been generally adopted in the contracts entered into in the other Unions in Ireland.

As the medical gentlemen connected with the Dispensaries in the Mountmellick district, decline to enter into contracts on these terms, the Commissioners recommend the Guardians to give public notice by advertising in some paper of extensive circulation, such as the *General Advertiser* inviting tenders on the terms stated, and setting forth the name and principal form of each district, and the amount of population.

By order of the Board,
ARTHUR MOORE, Chief Clerk.

To the Clerk of the Guardians,
Mountmellick Union.

Mr. Lalor said that with respect to the vaccination question, the feeling of the board had already been expressed upon it; he, therefore, had only to propose the following resolution:—

"Resolved—That having heretofore given the amount of compensation to be paid for each successful case of vaccination our most serious consideration, and having decided that 1s. 6d. for each case was the most fair to be given, and which opinion we cannot now alter, and if any fatality should occur by delay, we feel the blame cannot attach to this Board."

Mr. Newcombe begged to second the resolution.

Mr. Cahil—I think if left open for competition, we will get plenty to do it for 1s., which I think quite sufficient.

Mr. Lalor—I believe you might get one, but I am sure you would get no more.

Mr. Tim Dunne—I think you could get it as well done here for a shilling as for one and sixpence.

Mr. Cahil—It ought to be made compulsory on the dispensary doctors; they are already too well paid off the county.

Mr. Hamilton—There are not harder worked men in the kingdom for what they receive.

Mr. Lalor—I think you are the very man that would not like to work for nothing yourself. Now, in each of these cases eleven entries are to be made, and if the vaccination prove unsuccessful, no fee can be demanded. In the dispensary near my house, I took occasion to enquire how it worked, and I find that out of 40 cases but four proved successful.

The Chairman having put the question, the resolution was carried with but two dissentient voices.

Mr. Hamilton—Gentlemen, you are aware that on the last day of meeting, a committee was appointed to prepare a protest; as I am the only member of that committee now present, I beg to lay before you a draft of the one we have prepared.

"That having already in our resolutions of the 27th of March, and subsequent resolutions, detailed the injury inflicted upon this union by the Poor Law Commissioners in neglecting to consult the Board, or to afford any information with regard to the selection of the site for the Workhouse, for which an advertisement was not made; and having lately, by our resolutions of the 29th of July, pointed out the means by which the injury could have been in some measure repaired, and having on the 5th of August received a letter from the Poor Law Commissioners peremptorily refusing to comply with the unanimous wish of this Board, and expressing a determination to persevere in the erroneous course originally adopted—we have only to record our deliberate and solemn protest against the entire proceedings, and to express a hope that the rate-payers of the union will not hold this Board in any way responsible for the heavy loss, and other unpleasant consequences which must result from the want of circumspection, improvidence, and arbitrary conduct which has characterized the pro-

ceedings of the Poor Law Commissioners in this transaction."

Mr. French having seconded the adoption of this protest, the question was put and the motion carried with the solitary dissenting voice of Mr. Cahil, who pronounced it to be "an indirect attack on the Government," an opinion which was received with considerable laughter.

A suitable petition will be prepared against the next day of meeting.—*Leinster Express.*

Parsonstown Union.—Drs. Waters and Baker having offered their joint services as medical attendants to the workhouse, were elected on the 4th inst.

Waterford Union.—At the meeting of the Board of Guardians held on the 8th inst., the extra allowance given to infirm and sick inmates, by direction of the medical attendants of the house, came under discussion.

Dr. Sheehan stated that it would be a saving to the Union to give infirm people, subject to chronic complaints, a portion of bread and sweet milk, instead of potatoes, as the latter causes such persons to become sick and to go into hospital. He (Dr. S.) was most anxious to lessen the expenses of the house, and by adopting his suggestion it would effect that desirable object.

Mr. Muggeridge suggested that a report be made by the Medical attendants to the Board, from whom such directions should emanate. It would be quite at variance with the act, and placing the management and control of the house completely under the medical attendants. Sick persons confined to hospital may be ordered bread and milk, but the regulations must be complied with.

Dr. Sheehan and Dr. Burkitt said, it would be a saving of expense if the infirm were kept out of hospital, and allowed bread and milk in their present locality.—*Waterford Chronicle.*

MEDICAL INTELLIGENCE.

Naval Assistant-Surgeons.—"Her Majesty having been graciously pleased to command that assistant-surgeons of the royal navy shall rank with the subaltern officers of the army, the General Commanding in Chief desires that the former may be recognised and saluted by the troops according to that rank."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 15, 1841.

REDUCTION OF MEDICAL OBSERVATIONS.

The following communication was forwarded to us, by a valued contributor, just when we received the able report on medical registries drawn up by the committee on statistics appointed by the Medical Association of Ireland, and which will be found in our columns this day. Whether materials exist for carrying out, with advantage, the plan of Stoll, we shall not now stop to inquire; but we are not without hope that the interesting description of it given by our correspondent may prove a powerful incentive to the members of the profession to act upon the proposal of the committee, and so lay the foundation for a more easy reduction of *future* medical observations.

The latter end of the last century, and the beginning of the present, were marked by a movement in favour of social reforms, exactly resembling those now in progress. Medical education was at that time as great an object of interest on the continent, as it is at present in Great Britain and Ireland, and the discussion respecting it terminated in France and Germany, in the complete amalgamation of medicine and surgery, and the entire separation of both from pharmacy. The public health and vital statistics occupied then, as now, a prominent place in the public mind, and were cultivated in England by Franklin, Price, Beddoes, Dr. Percival, of Manchester, Dr. J. Clarke, of Nottingham, Dr. Bateman, and others. On the continent Stoll, of Vienna, directed his attention to these subjects, and suggested a plan for the reduction of medical observations, which seems worthy of notice. He proposed to offer a reward for the best method of digesting chronologically and pathologically, all cases recorded, from the time of Hippocrates, in whatever books or languages, so that the progress of medicine might be distinctly ascertained. He divided the question under different heads—

1. It was required to shew the most compendious method, as regards the cost, the labour, and the time.
2. The order or arrangement in, or by which, the observations should be digested, is to be explained: whether for example after the plan of Trnka, in his history of *Cophosis*, or how.
3. Whether the general direction of the work should not be given to one individual, so that he might distribute the labour, and prevent one person from interfering with another.
4. In what way a society might be formed for these objects, and whether it should be in one, or in several places.
5. How the necessary funds could be raised.*

Now we propose, that the medical corporations should undertake the arrangement and completion of this plan of Stoll; but would first observe, that the necessity and utility of a reduction of this kind, has been long practically acknowledged in the patronage bestowed upon manuals, dictionaries, encyclopædias, and all that class of books which profess to analyse and digest the facts scattered through medical literature. These works, however, have never satisfied the public mind. The statements they contain, are often mixed up with hypothesis and prejudices, often founded upon a pretended rather than a real research, never upon a true statistical or numerical method, and all want an official and recognised authority. The impression on Stoll's mind, regarding the usefulness and necessity of a reduction of all medical observations, was, no doubt, derived from a painful experience of the toil which a physician must undergo in extracting what is really valuable from the voluminous works of medical authors. But if Stoll was so impressed at a time when medical journalism scarcely existed, what would be his sentiments now, on looking upon the flood of periodical literature continually pouring from the press?—upon the hundred medical journals of France and Germany, of Great Britain. the United States, and Italy?—upon the multitudinous "transactions" of learned societies issuing weekly, quarterly, half-yearly, or annually? The *embarras des richesses* would surely make him look aghast. Even his countryman Ploucquet, would be astonished, and do any thing but sigh for another world to conquer.

The vast development of journalism to which we allude, has not been without great results. It has contributed very considerably to the progress of medicine, by giving publicity to a multitude of useful observations, which otherwise would have been never recorded; and it has greatly facilitated the researches of individuals. But it has not been unaccompanied by evils. If the most cordial lover of literature were to devote his whole time to the perusal of the medical periodicals of the day, he might, with difficulty, read and digest one-twentieth of their contents. Of course,

* Ratio Medendi, &c. Pars. vij. p. 360.

the perusal of the whole is a superhuman undertaking, utterly beyond the power of the active practitioner. All he can do is, to give a hasty glance at one or two of the great number, and thus, habits of desultory and unconnected reading are formed, highly detrimental to profundity or comprehensiveness of thought. Such a reduction of medical observations as Stoll proposed, would therefore be doubly useful; it would afford precise and accurate knowledge of what is already done, and it would counteract that tendency to superficial study, so injurious to the dignity and efficiency of the profession. Viewed in this light, it would be a work worthy of a national Faculty of Medicine.

Now, in the absence of such a Faculty, as will represent the feelings and meet the wants of the profession, we may justly call upon the existing medical corporations, to devote their energies and funds to the completion of an undertaking of this kind. The attempt will involve no question of medical reform, will strike at no monopoly, will certainly bring no degradation. It is peculiarly their duty to make the attempt; it is entirely consonant with their own loudly professed principles. If then they are sincere in their declarations, they will give the profession some such proof of their sincerity as this, and will begin the labour at once. Should their existence be terminated before the undertaking be accomplished, they will have, at least, the satisfaction of making a graceful exit, an euthanasia to which they are certainly not now entitled.

APPOINTMENT CONFERRED ON DR. J. JACOB BY THE LORD LIEUTENANT.

Dr. Jacob has received the Lord Lieutenant's warrant appointing him to make out the Freeman's roll, and installing him town clerk for Maryborough. We understand that the appointment, which was unsought for, was made in a manner which should be gratifying to Doctor Jacob's feelings.—*Leinster Express.*

This announcement will, we are convinced, afford much gratification to those who have been labouring to sustain the character and independence of our profession. Taking advantage of such an opportunity, to shew that nothing harsh or offensive was intended either toward Dr. Jacob personally, or the members of the medical profession generally, on a former occasion, was both judicious and manly. While we acknowledge and appreciate properly this act, we, at the same time, lay hold of the occasion to remind our brethren, that if at any time they suffer a public wrong, the fault is their own if it be not remedied.

PARACENTESIS OF THE PERICARDIUM.

BY DR. SCHUH.

A female of delicate constitution, aged 35, became affected with effusion into the pericardium: she was exhausted, the dyspnœa prevented her from lying down or sleeping, and hydrothorax and œdema of the feet soon supervened. It was determined to puncture the pericardium, and as it was thought that the heart would fall downwards, because of its specific gravity, a tracor was pushed into the third intercostal space close to the sternum, and internal to the internal mammary artery; the instrument was passed in pretty deeply, and directed backwards. A few drops of blood alone flowed, and a bougie passed through the canula, touched the great vessels, which were easily recognised by their pulsation. The operation was immediately repeated in the fourth intercostal space, on which a certain amount of reddish serum immediately flowed out. That night the patient slept; after a few days the œdema of the feet had disappeared, and the dyspnœa had much diminished; at the expiration of three or four weeks the effusion into the pericardium had disappeared, as had also that into the pleuræ. The amelioration followed so immediately on the operation, that it could only be attributed to it.—*Medicinische Jahrbuch, des Œsterreich. Staates.*

STATISTICS OF SUICIDE IN FRANCE.

The number of suicides in France during the year 1839, amounted to 2,717, of whom 698 were females, 486 of the number falling to the share of Paris alone. The number of suicides seems to be annually increasing; but the recorded numbers cannot be at all received, as representing the actual number of suicides committed, for many cases of suicide are classed with the accidental deaths, either because of some doubt respecting the case, or by the contrivance of the relatives of the deceasd. The following is the list of the ascertained suicides in France during the last four years:—

1839	...	2,717
1838	...	2,556
1837	...	2,413
1836	...	2,310—*Gazette Medicale.*

NEW FORM OF PESSARY.

Mr. Clay, of Manchester, proposes a new form of pessary, of which he gives the following description in the *Lancet* for September 11:—

It consists of a small shield of wood, ivory, &c., of a peculiar shape, secured to the vaginal entrance by bandages attached to a belt applied around the body. To the inner surface of the shield is fitted a strong coil of steel wire, plated over with gold or silver, the dimensions of the coil being such, that when worn the vaginal canal will not be in the least extended, but with every facility assume its original dimensions. At the end of the coil is a caoutchouc ring, a little larger in dimensions than the coil on which the os uteri rests when applied.

It must be evident, on reflection, that this plan possesses infinite advantages over the old pessaries, particularly in the following points of consideration:—First. The elasticity of the coil allows of the free motion of the body in every possible direction with perfect ease. Second. The vaginal canal not being obstructed, the catamenia can flow through the caoutchouc ring and along the coil without any hindrance. Third. The dimensions of the coil and ring being so moderate, no undue pressure can prevent discharges either from the bladder or rectum. Fourth. The laxity of the vaginal canal may be removed, and its original dimensions restored (*the measurements of the coil being not larger than the vaginal canal in a healthy condition*). Fifth. Local applications for improving the tone of the parts are facilitated by the opening in front of the shield, through which injections can be thrown and retained at pleasure, by introducing a small piece of sponge, or plug, into the opening.

It must be borne in mind that the caoutchouc ring is some little larger than the coil, and the length of the coil must vary a little, according to circumstances: *when it is weighted with the uterine mass, it should be about the length of the vaginal canal in a healthy state.* I think a coil, varying from three and a half to four and a half inches will be found sufficient. To prevent any folds of the vaginal coats from getting entangled in the coil, a thin slip of caoutchouc is proposed to stretch along the under and outer surface of the coil.

PROMOTIONS.

Civil.—Andersonian University, Glasgow—Dr. M. S. Buchanan has been elected Professor of Anatomy in the room of Dr. Hunter, who has removed to London.

OBITUARY.

On the 27th July, at Kingston, Jamaica, of fever, Henry O'Hara, Esq., Assistant Staff-Surgeon, only son of Doctor O'Hara, General Military Hospital, Phœnix Park.

Erratum.—In the last number of the Press, page 154, line 12 from the bottom, for "back," read *teeth.*

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Aug. 29,	78	62	30.150	
Monday	30th,	73	59.5	29.900	.020
Tuesday	31st,	74	49.5	29.966	.030
Wednesday	Sept. 1,	70	51	29.900	
Thursday	2d,	62	56.5	29.572	
Friday	3d,	62	47.5	29.800	.018
Saturday	4th,	64	41.5	29.850	
Sunday	5th,	62	45	29.900	.080
Monday	6th,	62.5	40.5	29.850	
Tuesday	7th,	59.5	45.5	29.550	.120
Wednesday	8th,	63.5	50.5	29.818	.003
Thursday	9th,	65	51.5	29.800	.020
Friday	10th,	65.5	58.5	29.872	.035
Saturday	11th,	66	57	30.000	

MEDICAL SCHOOL OF ANDERSON'S UNIVERSITY, GLASGOW.

THE LECTURES for the WINTER SESSION of 1841–2 will begin on WENESDAY, November 3, being as follows:—

Anatomy and Practical Anatomy ...Dr. M. S. BUCHANAN.
Practice of Medicine ... ...Dr. HANNAY.
Surgery ... ...Dr. LAWRIE.
Medical Jurisprudence .. ...Mr. WATT.
Chemistry & Practical Chemistry...Mr. PENNY.
Materia Medica ... .Dr. EASTON.
Institutes of Medicine ... ...Dr. A. ANDERSON.
Midwifery & Diseases of Women and Children.* }

* The Chair of Midwifery is at present vacant, but will be filled up before October.

Fee for each Class, £2 2s.

DUBLIN SCHOOL OF MEDICINE, PETER-STREET.

THE WINTER SESSION will commence on MONDAY, 1st November, 1841.

Anatomy and Physiology—PHILIP BEVAN, M.B. M.R.C.S.I.

Practical Anatomy and Dissections—E. STOKER, A.B., L.R.C.S.I.; C. J. MADDEN, L.R.C.S.I.

Theory and Practice of Surgery, and Operative Surgery—W. AUCHINLECK, M.R.C.S.I., Surgeon to Mercer's and Simpson's Hospitals; J. WOODROFFE, M.D., L.R.C.S.I., late Surgeon to the South Infirmary, Cork.

Theory and Practice of Medicine—D. J. CORRIGAN. M.D., Physician to Jervis-street Hospital, to the Hardwicke Fever and Whitworth Hospitals.

Materia Medica and Therapeutics— I. MOORE NELIGAN, M.D.

Botany and Natural History—THOMAS R. MITCHELL, M.D., L.R.C.S.I.

Medical Jurisprudence—C. O'REILLY, M.D. and Lic. K.'s and Q.'s Col. of Phys.

Midwifery and Diseases of Women and Children—R. L. NIXON, A.M.,M.B ,L.R.C.S.I., Surgeon to St. George's Dispensary; M.J. MACCORMACK, M.D., Master of the Victoria Lying-in Hospital.

The Dissecting Rooms, lighted with Gas, will be opened on the 1st of October.

An extensive Museum of Anatomy, Pathology, and Materia Medica, is attached to the School.

At the termination of the Session, the Lecturers on Anatomy, Surgery, Midwifery, Medical Jurisprudence, and Botany, will give premiums to the best answerers in their respective classes, on conditions which will be duly announced.

Certificates of attendance at this School are recognised by the Universities of London and Glasgow; by the Royal College of Surgeons, Dublin, London, and Edinburgh, &c.; Apothecaries' Hall, London, &c.; the Army Medical and Navy Boards.

☞ The Certificates on Practice of Medicine, Materia Medica, Medical Jurisprudence and Botany, are also recognised by the Apothecaries' Hall, Dublin.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

The WINTER SESSION will commence on Friday, October 1, 1841.

Anatomy, Physiology, Demonstrations, and Dissections; by E. W. TUSON, F.R.S., and Mr. ERASMUS WILSON.
Medicine; by F. HAWKINS, M.D.
Surgery; by H. MAYO, F.R.S.
Midwifery; by J. NORTH, F.L.S.
Materia Medica; by MERVYN CRAWFORD, M.D.
Chemistry; by Mr. EVERITT.
Forensic Medicine; by Mr. C. DE MORGAN.
Botany; By Mr. ROGERS.
Clinical Medicine; by Dr. HAWKINS, Dr. WATSON, and Dr. WILSON.
Clinical Surgery; by Mr. MAYO, Mr. ARNOTT, and Mr. TUSON.
Perpetual Fee to the whole of the Lectures, £45.

The INTRODUCTORY ADDRESS on the opening of the Session will be delivered by FRANCIS HAWKINS, M.D., on Friday, October 1st, at Two o'Clock.

A Public Distribution of Prizes will take place at the termination of the Winter Session.

The Museum, Library, and Reading-room are open for e use of the Pupils.

For further particulars, apply to the Secretary of the Hospital.

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London. John Churchill, Prince's-street, Soho.

ROYAL COLLEGE OF SURGEONS IN LONDON.

THE COUNCIL proposing to publish, in the course of the ensuing Year, a Volume, to be entitled

"*Transactions of the Royal College of Surgeons in London,*"

invite, from the Members of the College and other scientific persons, communications relating to the improvement of Anatomical and Surgical Science.

The subjects proposed to be included in this Publication are specified in the following extract from the Ordinances of the College:—

"The transactions shall consist of
"Original Communications on Surgical subjects.
"Collegial and Jacksonian Prize Dissertations, deemed of sufficient originality and merit.
"Original Memoirs on Human Anatomy.
"Original Memoirs on Comparative Anatomy.
"Anatomical Monographs of rare Animals, dissected in the Museum of the College.
"Explanations of, and Commentaries on, important Preparations in the Museum, with illustrative Plates.
"Statistical Reports from Hospitals."

It is requested that Papers intended for Publication in this Volume may be transmitted to the President, at the College, on or before the 1st of May, 1842.

EDMOND BELFOUR, Secretary.

28th July, 1841.

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16. On the Use of India Rubber Enema Pipes, by Mr. Gore, Limerick.
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Wednesday, September 15, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXLII.] DUBLIN, WEDNESDAY, SEPTEMBER 22, 1841. { PRICE SIXPENCE. STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XIX.—
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EXTRACTS FROM PERIODICALS.

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XIX.

We now come to the more alarming form of cholera, which, I told you, is known by various names, derived from its origin, or from some prominent symptom. It is called *Asiatic*, because it commenced in Asia; and *Epidemic* to distinguish it from the sporadic cases which I described before. It is called *malignant* to mark its extreme severity; and *blue* because of the colour which the patient's skin generally assumes. It is called *spasmodic* cholera on account of the spasms which are so much more violent than in the common form; and *cholera asphyxia*, because many of its symptoms resemble those of asphyxia; and *choleric fever*, because, if the patient survive, a fever usually comes on, of which the cholera seems to be but the first stage, bearing some resemblance to the first stage of acknowledged fevers.

It appears that cholera has frequently shown itself in India as an epidemic, and that there are some parts of the country where it may be called endemic, from the constancy with which it is found to prevail in them. Such places are usually low and marshy: under a vertical sun they give rise to the most noxious exhalations. The Delta of the Ganges seems peculiarly congenial to the disease. It is covered with luxuriant vegetation, jungly and marshy. The Brahmapootra, another great river, greater even than the Ganges, though not so famed in story, rolls its world of waters into the same bay—the bay of Bengal; and bears its part in extending the boundaries of this alluvial district. Attempts have been made to trace the epidemic, which I am going to describe, to its origin in some one point. But as cholera has never ceased to lurk in some part of the Delta, these attempts have failed. It is only certain that in the province of Nuddea the disease began, in June 1817, to excite alarm, by spreading from village to village, in a manner hitherto unknown. It ran along the two rivers, and over the entire of lower Bengal before the end of autumn, and then extended from that tract, as from a centre, in all directions. In little more than a year it visited all the towns and villages of Hindostan, travelling at times with surprising regularity from place to place, at the rate of about sixty miles a month. It sometimes passed over a village on its way, but seldom failed to return to it very soon; never remaining long in one place, and rarely revisiting it. It chose in its progress the most frequented lines, along which human intercourse was most freely kept up, and especially followed the populous banks of rivers. In this map of India, in "Ortons Essay on Cholera," you see the stations which it reached marked by dates, and you could almost tell the distance from Calcutta by the periods which are noted down at each place. In 1818, it entered the Burmese empire, and gradually passing through the extensive countries east of Hindostan it reached the Celestial empire in 1820. On the other side of India it extended along the shores of the Persain gulf in 1821, passing from Bombay to Muscat in Arabia: in this town ten thousand perished. In Bassora on the Euphrates, fourteen thousand died of cholera in one fortnight, and in Bagdad, on the Tigris, one-third of the population were swept away. It passed through Persia to the Caspian Sea in 1822, and reached Astracan and Orenburg, in Russia, in 1823. It then abated a good deal in violence, and was little heard of until 1828, when it reappeared in Orenburg, and in the two following years spread

through the southern provinces of the Russian empire. In 1830, it entered Moscow. In May, 1831, it appeared in Riga and Dantzic, in June in St. Petersburgh, and soon spread through Poland and the North of Germany.

It arrived in England in the same year, showing itself first in Sunderland about the end of October, and advancing through Edinburgh and Glasgow, reached Ireland in the beginning of March, 1832. On the 23rd of March it entered Dublin, and then spread, as many of you know, to almost every town in the island.

I well remember the fearful anxiety with which its progress on the continent of Europe was watched, and the dismay with which the news of its arrival on the British coast was received. Every one's heart seemed to fail him as he observed its unrelenting north-western progress; and when it actually touched our shores the most awful results were dreaded. Nor were the gloomiest fears unfounded, as we shall see, for the ravages of this pestilence were tremendous.

But I ought to tell you the symptoms of the disease. They are very different from those of the English, or common cholera, yet, some prominent symptoms, as vomiting and purging, are generally present, and are supposed sufficient to justify the use of the same name. The symptoms are extremely various, whether you regard their number, the order of their succession, their severity, or their duration. Mr. M'Coy, in the *Dublin Journal* of January 1833, gives a most graphic description of this disease, as it appeared in Dublin. Dr. Cranfield of Enniscorthy, has also given a faithful account of it in his "*Practical Observations on Cholera.*" These gentlemen were assistant physicians to Dr. Lindsay, in the Grange-gorman Cholera Hospital of this city, and during the worst six months of the epidemic, attended it with unremitting zeal. Five thousand patients passed through the hospital in that period, and they were afterwards in charge of country districts, so that their experience was almost unlimited; and I have the pleasure to know that they brought to the task a sound knowledge of their profession, and highly cultivated and acute minds. I can, therefore, recommend their writings with confidence to you, and I will make free use of them myself.

The symptoms are usually classed under three heads, the *incipient*, the *cold or choleric*, and the *febrile*. The *incipient* is marked by slight diarrhœa, by languor, nausea, and sometimes vertigo. The dejections are at first bilious, but soon become thin, pale, and watery, or rather serous: they are passed in quantity, and without pain. Great exhaustion follows, the pulse is feeble and slow, and in about forty-eight hours, if the disease is to go on, the second stage sets in. The first stage may last only a few hours, or it may not be observed at all, or the patient may recover, after being for several days kept trembling on the brink of the more alarming stage. The *cold* stage has, in a majority of cases, set in between two and four o'clock in the morning. The patient vomits or retches violently, complains of pain in the stomach, and is copiously purged. The discharges from both extremities are pretty much the same, like whey, or rice water. At the same time, the most painful cramps seize the limbs, the skin is below the natural temperature—the pulse is very feeble and very frequent—the respiration hurried. In eight or ten hours the vomiting ceases, or is less frequent, the spasms are less observed, the pulse cannot be felt at the wrist, the extremities are stone cold, and indeed nearly the entire surface, which is also bathed in a cold clammy sweat. The face and hands are generally blue, as if the blood were not arterialized; the hands assuming a peculiar sodden and shrivelled appearance, like those of a washer-woman after her day's work, and the face getting an old, sunk, and cadaverous look. I have seen men of thirty, after a few hours' illness, not to be distinguished from men of seventy—nay, I have seen them look like old men who had died of some wasting disease, and whose bodies had begun to putrify; more like the loathsome *subjects* of a summer dissecting-room, than patients of one day's sickness. The tongue is moist, but cold or nearly so, and even the breath feels cold. The voice is hoarse, or rather husky, and soon is reduced to a mere whisper. The urine is suppressed, none is secreted, though the patient may fancy that he wants to empty the bladder. The disease advancing, the stomach becomes quite free from irritability, as if it were lifeless, and no complaint is made, except of weight in the precordia, and burning heat in the region of the stomach. Nor will any complaint be made, unless enquired for. The intellect remains clear to the end, and the answers are given with a conciseness and a precision which astonishes you, as if there was a concentration of the mental power. This stage of collapse may last from an hour to a couple of days before death occurs. Or after one or two days some warmth may begin to be generated, the pulse may be felt again at the wrist, and then convalesence commences, or much more frequently the third stage sets in.

The third, or *febrile* stage is marked by headache, by a suffused state of the eyes, an aversion to light, and an increase of force in the pulse. The tongue loses its clean, cold, moist appearance, and becomes warm and foul; then, as the fever advances, brown or black. The mind loses its clearness, becoming torpid or confused. The urine begins to be secreted, and the bowels discharge some dark or bilious matter.—The temperature of the body, though far above that of the cold stage, never rises as high as in other fevers. This stage may last eight or ten days, and is usually fatal. Sometimes the third stage has less of the typhoid character, and more of the inflammatory, with symptoms which mark a gastro-enteritis.

These stages, I told you, are not always to be met with, nor is there any one symptom invariably present. So great are the differences in the forms which present themselves, that some observers have believed in a variety of species of cholera. Thus Dr. Colvan, of Armagh, says—"I am of opinion that what is called in our common language cholera, may be divided into three species, viz., choleric fever, or what the French call "cholerine," simple or spasmodic cholera, and this again combined with the most malignant species of fever known, but more closely resembling the blue congestive fever than any other. Choleric fever, or cholerine, is more commonly depending on a peculiar atmospheric influence than on contagion, though I believe it contagious. Simple or spasmodic cholera is produced most commonly by improper articles of diet, or by drinking immoderately, and I conceive is not contagious. The worst form, or when this is combined with blue or black fever, is highly contagious, but I think not so much so as badly spotted typhus." Dr. Cranfield does not divide cholera into species, but he thinks that the symptoms are so different in different cases, that it is convenient and useful to consider them in three groups, constituting so many *types*, which are not stages, nor yet species, but varieties of the same disease. Let me just read the first page of his book for you: he loses no time in preliminary remarks, but plunges at once *in medias res*. "No disease, perhaps, has presented itself to our notice in so many and in such different shapes, as the cholera which has been lately epidemic in Ireland. In so great a degree does its proteiform nature prevail, that if the chief symptoms be abstracted from its

several varieties, scarcely will a single one remain common to all of them; nor could the extreme cases of the malady be recognised as offsets from the same root, did not their occurrence at the same time and in the same place, and their connexion by intermediate links, prove their identity of origin; to which may be added, that they all evinced a tendency to pass into the same aweful state of collapse, which thus appears to be its radical form. It would, therefore, be impossible to treat of all these varieties under one head; and as they collect themselves into three principal groups, I shall consider the disease under so many heads. In one group the most marked symptoms are those of collapse: this may be called the type of collapse, or the *blue type*. In another, spasm is the most prominent symptom: this may be denominated the *spasmodic type*. And in the third, a febrile state prevails almost from the outset: this may be designated the *febrile type*. This division is not only convenient for description, but really one of much practical importance, for the appropriate modes of treatment for these several types are of a very different nature. I am aware that the terms by which I have designated these three divisions of the disease are not unobjectionable; for some of the worst cases of the blue type are not blue, but pale throughout; many of the spasmodic type are very blue at first; and fever is very generally met with in the latter stages of both these; but the names blue and spasmodic have been much applied to the two first divisions; and the term febrile is so peculiarly applicable to the last, that it forces itself upon us." Dr. Cranfield then gives a minute and faithful account of each type, dwelling particularly on the blue, its *grades of collapse*, and its progress when unchecked by medical interference.

I must now read a few passages out of Mr. M'Coy's spirited account of his experience on this subject.—"Writers have distinguished certain stages in the progression of the symptoms of this disease; if this is merely for the convenience of description, there may be little objection to it: but if it is intended to mark a regular succession of symptoms, by witnessing any of which one would be enabled to say to what extent the malady had gone, and thereon to found a prognosis, or a mode of treatment, I can only say I have not found it very useful in practice. I have observed the greatest irregularity in the *succession* of the symptoms, in their *duration* and *severity*. I have seen any one symptom take precedence; I have known any one of its symptoms occasionally absent; I have seen all the symptoms strike at once. I have seen the disease linger with trifling symptoms for a week before there was much cause for serious apprehension; I have seen it run its course from apparently perfect health to dissolution in one hour and three quarters; I have seen them present every shade of severity, from the most tranquil state to one of great agony. There was one circumstance remarkable on this subject, that the prevalence of particular symptoms appeared periodically endemial; for three or four successive days the great majority of patients received into hospital would have one symptom or train of symptoms predominating, the next period others, and so on; sometimes most of them, on their arrival, complained much of cramps, and of nothing else; at other times they were almost all vomiting; again, febrile symptoms of the asthenic type would present themselves, which in a longer or shorter time merged into regular cholera; at another time they came with flushed countenance, and tumid and very tender abdomen; at another time cold, pale, and almost lifeless, &c. I was not able to connect these with any remarkable atmospheric changes. As the patients were seldom brought into hospital until the disease was in full operation, I had of course few opportunities of noticing what have been called promonitory symptoms; but in taking my notes of cases I have endeavoured to learn the state of health for some time previously to the attack, and have been assured by more than one-third of them that they had no indisposition of any kind preceding the sudden invasion of cholera; many informed me that they had had trifling bowel complaints for some days before admission. Others were habitually too free in their bowels, or were liable to bowel complaints from slight causes. Of what I witnessed, the following may serve as an example:—One of the nurse's deputies, while sweeping her ward in apparently good health and spirits, suddenly complained of pain in the abdomen and sickness of stomach; this was quickly followed by vomiting and cramps, and in half an hour she exhibited the symptoms of the worst form of cholera. One morning a cot arrived with a boy affected with slight symptoms of cholera; the patient's mother walked beside him to the hospital, and as the gate was about to be closed she complained of sickness of stomach and weakness; it was for a moment supposed that she only feigned illness that she might be admitted inside with her son; it quickly, however, became evident that she was really unwell; she was sent to a sick ward, and in fifteen minutes from her first complaining was perfectly blue, pulseless, and evidently sinking fast; she died in an hour and three quarters after being first seized; this female told me she had had no complaint up to the moment of her stomach becoming sick. Between eight and nine o'clock, P.M., on the 18th July, a girl, aged twelve was received; she had had two stools during the day, attended with trifling pain, which occasioned her being sent to hospital; but she was so free from any symptoms of cholera when admitted, that she was sent to a convalescent ward; the entire of that evening she was in great spirits, laughing and singing as she sat in bed, and saying she would get her discharge in the morning: she slept well during the night.—About nine o'clock, A.M., on the 19th, she got a slight turning in her stomach, and uneasiness in her bowels, for which she was ordered a draught of castor oil and some warm tincture; at 12 o'clock at noon she was in perfect collapse. A deputy in one of my own wards complained to me at three o'clock, P.M., of a slight change in her bowels, as she called it; she obstinately refused to take any medicine but the house oil draught; at half-past five she got a slight cramp in one leg, and in fifteen minutes afterwards her voice, her countenance, and her manner were so altered, that I could hardly believe it to be the same person. This woman was up the night before on duty, and as I was in the ward the whole of the night with some bad cases, I am positive she was not previously indisposed. This summary of a few cases exemplifies the varieties I have witnessed of the disease in its commencement. I saw another of those females in collapse, and was told she was first seized with pain in her head and flushed countenance. I have not seen the very commencement of such a case, but I have known many taken into hospital with such symptoms, who sooner or later fell into true cholera.

The most common procession of the symptoms, such as I have observed them, is this—sudden pain in the abdomen, either diffused or confined to one spot; if the latter, it is usually two fingers breadth below the xiphoid cartilage, not much increased by moderate pressure, or in the transverse portion of the colon; sometimes nausea and vomiting of whatever the stomach might have contained at the moment immediately follows, and the patient complains of inordinate thirst. Sooner or later follows an evacuation from the bowels of a dark colour, not unlike a linseed poultice, and of very offensive smell. The strength

becomes prostrated; the fingers and back of the hands assume a dirty hue, the calls for drink are incessant, and each indulgence causes a discharge from the stomach of a wheyish fluid, in much greater quantity than that of the fluid drank; although there might have been much ineffectual retching previously, the moment half an ounce of whey is swallowed, there will often be vomited a pint or more without effort comparatively, yet with much force; and frequently the patient has such an uncontrollable desire to evacuate the stomach, that I have seen them use a straw pulled from their beds, or their finger, to tickle the fauces just after taking a drink, and, immediately after the drink was thrown up, implore as eagerly for more, to be again ejected by the same means, when the attendant's eye was withdrawn from them for an instant. A sensation of burning heat is felt at the stomach, and many seem to seek for drink rather with a view of "cooling their inside," than to quench actual thirst; the only drink that gives satisfaction is cold water, but when denied that, they will take any thing offered, provided it be cold; they will often refuse tepid or warm fluids, while beseeching for something to quench their thirst; even whiskey drinkers are disinclined to swallow spirituous liquors after the second or third dose, or to take other stimulants, without repugnance. After each fit of vomiting he falls exhausted into a quiet state, or a kind of doze, with eyes upturned, so as to expose only the white part through the half closed lids; this last appearance often continues to an advanced state of convalescence, the last indication of the sufferings he had endured, and the dangers he had escaped.

The integuments of the face and extremities become very much reduced in temperature; those of the abdomen likewise feel cold, the heat of the chest is rarely so much reduced, but often, when the surface of the rest of the body is as cold as that of a corpse, the scalp retains its natural heat, or is even preternaturally warm; this I have repeatedly noticed. In this state there are almost uniformly complaints of an oppressive heat, he throws off the bed clothes as often as they are replaced, pulls open the bosom of the flannel dress in which he has been enveloped before being put to bed, and manifests discomfort at the application of external heat, in any way applied; flannel bags of hot salt are put to his death-cold feet, and constant watching is necessary to prevent his drawing them away from it; sometimes he suffers it as he thinks it relieves his cramps. In every degree of coldnes the sensibility of the skin is elevated. His features now become angular, his countenance haggard, and charaeteristic of bewilderment and alarm. The secretion of urine has been suppressed, perhaps from the first moment of attack, but if not, shortly after, and he often complains of such urgent desire to pass water, that although I could not detect any internal manifestations of a distended bladder, I was twice induced to introduce a catheter, but found no urine. The alvine evacuations become more frequent, and like those of the stomach are ejected forcibly; they have either passed at once into the sero-lymphous discharge, resembling water rice had been boiled in, with bits of curdy matter floating in it of various sizes, from that of a pin's head to that of a split pea; or there is first a stool or two resembling thin flummery. The alvine evacuations are, from the commencement to the close, passed without pain, and rarely with premonitory uneasiness in the belly.

At first the pulse was fluttering, and irregular; it has now become frequent, small, quick, and compressible. Sometimes in three or four hours the blueness of the hands becomes intense, particularly under the nails, and their skin has a shrivelled appearance, as if they had been two or three days enveloped in a poultice, or like those of a laundress, except in colour, and covered with a cold clammy sweat; the insteps get blue, but I have not often seen the colour here present that continuous dye, which it does on the hands; in general, the minute vessels can be distinctly traced here, while the hands seem as is if they had been immersed in some colouring matter. I have known patients to express surprise at this appearance, "wondering what could have soiled them in this manner." The skin of the face gets rather a leaden tint than a decided blue. It requires firm pressure on a part, continued for a few seconds, to make it white, but the colonr is rather quickly restored. If a vein be selected on the instep, and the blood be pressed out of it for an inch, the blood rapidly fills it from the cardiac, or the distal end, if a valve does not interfere. The respiration now becomes laboured, and the patient complains of a great weight or oppression about the heart, as he says, or on the chest generally; the thirst and vomiting continue unabated, while the purging often subsides after three or four rice-water evacuations, or there begins to be passed from the rectum, a fluid resembling water, meat had been steeped in, with an oily film here and there over the surface; sometimes it is more bloody, and sometimes (although rarely) pure blood. In some instances I have seen dejections, which in colour, fluidity, and transparency, perfectly resembled a solution of ammoniated copper, in the quantity of six or eight ounces at a time, and generally without any fœculent odour. Synchronous with the increase of debility, is the recession of the pulse, until it is at last lost entirely at the wrist and instep, although a feeble beat may often still be felt in the temple; I have been always able to feel a distinct pulse in the carotid arteries as long as the heart itself continud in action, and sometimes even after the latter became apparently still. At this time the number of pulsations in a minute are generally from 100 to 130."

Perhaps I am reading more of my friend's paper, than I ought to do from this place, but in sooth, it is written in such a lively and interesting style, that I know not how to stop. It has all the freshness of an extemporaneous *viva-voce* composition, and all the accuracy of a written one; and as I never wrote a lecture in my life before delivery, except some introductory affair, I think you are not the losers by indulging me in my fancy to-day. Let me proceed then a little further; I do not read every sentence, but occasionally skip over one where the sense and the matter permit. "Shortly after the commencement of the attack, the cramps in the great extensors of one or both feet become constant, and make him cry out with agony; the muscles of the fingers are less frequently affected; spasms of the other muscles of animal life, are not common. The tongue at the very commencement is generally natural in its appearance, but soon it gets covered with a thin coating of white mucus; it is moist, large, and flat; as the case proceeds it becomes as cold as that of a corpse. The voice of the patient during the progress of these symptoms subsides into a whisper; his answers, although almost inaudible, are with effort; there is a pause between each word or two, as if to gain breath or strength for the utterance of the next; they are blown out rather than enunciated. The renitency of life is now yielding fast; he ceases to call for drink; the cramps also cease, as does the vomiting; there may come on an involuntary discharge from the bowels, running off without any force; the respiration is thoracic and inaudible; after an indefinite time he dies, in general, quietly. The blood often before death, retreats from the surface, leaving the skin so pale that one could not immediately say whether death had been caused by cholera, or hæmorrhage. For some time after the circula-

tion and respiration have ceased, the toes are affected with spasmodic motion; I have seen them twitched at intervals of three or four minutes, six hours after apparent death.

There is another form of cholera, oftener seen in women than in men; instead of lying quietly, the patient becomes restless, tosses her limbs about, turns by sudden impulses from side to side, now on her back, with her arms hanging over each side of the bed, then on her side, with her knees drawn up, and arms thrown out straight before her; the motions are sometimes so quick and violent, that I have seen patients jerked out of bed upon the floor; she utters continually short sentences, not expressive of actual pain, but such as, "oh! what way am I in?—oh! I dont know what ails me," and then the calls for a drink, or to rub her legs, or to let her alone, follow each other in rapid succession. In those cases, the blueness of the skin is often confined to the fingers and eyelids. In children, the disease is somewhat modified; they seldom complain of cramps; the blueness of skin is most strongly marked round the eyes, and I have remarked their pupils much dilated; I think the purging is even less in proportion to the vomiting than in adults; they are cold and still, with shrunk features, but their hands are not shrivelled, nor is there generally the cold or greasy clammy sweat on the face, in them; their thirst is as great as that of adults. I have not known the mental faculties of cholera patients disturbed in the disease, nor even the same degree of mental debility, which often attends great bodily weakness under other circumstances; some lunatics I had under my care gave most correct answers to questions connected with their condition, but less so, as they advanced to convalesence. When patients are in other hospitals, especially females, they frequently express uneasiness about their family, how their children are to be taken care of during their absence, &c.; but such recollections of home I have found very rare in cholera patients; the natural affections develope themselves with convalescence."

Well, I need not read any more about the symptoms—you see how varied they are, scarcely one can be called essential—neither blueness, nor coldness, nor vomiting, nor purging, nor cramps, can be considered essential. Then how, you may ask, is malignant cholera to be *diagnosed?* why, after leaving out any one, or even any two of the leading symptoms just mentioned, you still have enough to prove it to be cholera; and the early and profound collapse, together with the character of the evacuations will show it to be the malignant form. In the common cholera, the evacuations are for the most part *bilious*, so that it is sometimes called "*bilious cholera*," in the malignant disease they are almost entirely *rice-water*. Then the common cholera is not blue, the malignant generally is; the common is attended with moderate cramps, the malignant with very severe ones. Still we must not pretend, that these two forms of cholera can always be distinguished the one from the other. You hear, from time to time, now that we are happily free from the epidemic visitation, you hear of cases of cholera, which one eminent physician calls malignant, and another, of equal eminence, asserts to be only a severe case of the ordinary disease. Again you will ask, why we call this form Asiatic? does it no tdiffer from the Indian form? no, not in any very material point. The short history which I gave you of the progress of the disease from the mouths of the Ganges, to the shores of Britain, would shew you that it was the same disease, even if it differed more than it does from that seen in India. Recollect the enormous difference in climate, habits, food, &c., of those widely separated regions, and you will allow, that the same disease in the Sunderbunds of Calcutta and the liberties of Dublin, ought to be very unlike. But its identity was allowed by our army surgeons, who had witnessed the pestilence in India, and it was declared by the most eminent of them, and of our civil physicians, to be unlike any thing they had ever before seen in this country. The differences in the course of the disease were chiefly, that in India, the collapse was more sudden, complete, and rapidly fatal, and that the febrile stage was by no means so common, patients recovering almost as rapidly as they fell sick. I may mention one or two instances of these sudden attacks; Orton says, that at Hoobly, and other places, natives were attacked with the disease whilst walking in the open air, and having fallen down, retched a little, complained of vertigo, blindness, and deafness, and expired in a few minutes. At Bellary, a native tailor was attacked while at work, and instantly expired, in the very attitude in which the disease found him. Captain Sykes, in a letter published in the *Bombay Reports*, states, that when the disease first commenced its ravages at Punderpoor, three hundred and fifty people died in one day, tumbling over each other lifeless in the public streets. Mr. Coates says, that three thousand perished there in a few days, many of them "having been knocked down dead, as if by lightning."

Then as to the fever which so frequently followed the stage of collapse here, it was rare in India. The Bengal Board report that a stage of reaction, in a greater or less degree, always followed the favourable crisis; that they observed it there, usually rising to a great height, assuming all the characters of the idiopathic bilious fevers of the country, and occasionally becoming fatal; but that this was not commonly the case in other places. "A slight and salutary degree of reaction only has usually followed, which has quickly subsided, a rapid convalescence has generally ensued, and the strength and looks have been regained almost as quickly as they were lost."

I must now describe to you the *post-mortem* appearances, and make some remarks on the nature of this epidemic, or rather, I must do so at our next meeting, as my time is up.

ON FUNGUS OF THE URINARY BLADDER.

From a Memoir presented to the Academy of Sciences, by M. Civiale.

The history of fungus of the bladder is extremely obscure. As to their nature, it is evident various lesions have been confounded by authors under the names of carnosities, carnucles, schirrhus, tubercle, fungus, &c. But the descriptions of the affection are for the most part so vague, that little information can be obtained from a perusal of the recorded cases. It is, however, certain, partial tumefaction of the prostate fluid, especially of its middle lobe, has often been mistaken for fungus or polypus.

Fungous tumors are most commonly, as authors have observed, developed in the vicinity of the neck of the bladder. I have met with them at the anterior part of the trigone, also on the sides and at the upper part of the neck of the bladder. Tumors have been observed on the lateral lobes of the prostate, which were evidently fungi, and not due to a partial enlargement of the gland. The interior of the organ is not, however, exempt from this affection, and the cases I have myself met with, show that it occurs in this situation more frequently than is supposed. I have seen the disease behind the trigone, and particularly at the posterior part of the bladder near its inferior fundus. The disease likewise occurs at the superior fundus of the organ.

The first distinction to be established is relative to

the mode of insertion, and the situation of the tumor. This is the most important point, for neglect of it seems to have been the cause why diseases essentially different have been so often confounded.

A fungus when commencing, is usually attached by a peduncle. It constitutes a little excrescence, the free extremity of which is larger than its fixed one, and which seems to adhere to the internal membrane of the bladder only. I have verified the truth of this latter remark, already made by others, in some cases where I had an opportunity of examining the disease at its commencement. If we pull the fungus, the mucous membrane alone is elevated. When, however, the tumor has acquired a certain size, its attachment extends to the deeper tissues, with which it becomes confounded by a series of successive transformations; and thus is produced a consistent mass, usually, but not constantly proportioned to the volume of the tumor.

On the Diagnosis of Fungus of the Bladder.

Chopart, whom all subsequent authors have copied, says that we have no signs for recognising fungus of the bladder. The symptoms it produces are not peculiar, sometimes simulating those of the stone, sometimes of hœmaturia, or catarrh of the bladder, or of strangury, &c. In this, as in most urinary diseases, the symptoms are more or less directly connected with embarrassment in the excretion of the urine; but they present numberless shades of difference, and are governed by the degree of force, with which the bladder contracts, by the situation, size, and nature of the tumor, by the complications which supervene, and by the developement of inflammation. In a word the indications afforded by the functional disturbance of the bladder, by the sensations of the patient, and by the inspection of the urine are insufficient to determine whether there exists a fungus, any other organic lesion, or other possible cause for the existing symptoms. It is only by a peculiar method of exploring the bladder that the diagnosis can be established. And I shall briefly indicate the mode in which I proceed in these cases.

Fungus of the Neck of the Bladder.—1st Stage.

We are called to a patient with retention of urine; and as the first indication often is to evacuate the bladder even before we determine the cause of the retention; the catheter is passed in the usual manner. The instrument on arriving in the bladder, encounters sometimes a simple contraction of its neck, sometimes a small moveable body in the orifice of the urethra, or adhering to that orifice, and which seems to retreat before the instrument with such facility, that the experienced practitioner cannot say whether he has to deal with a pedunculated fungus, a clot of blood, a mass of inspissated mucus, or even a simple spasmodic contraction. The urine is drawn off, the patient experiences immediate relief, and perhaps the inconvenience may not return, so that the cause of the retention of urine remains doubtful.

Such cases are the simplest, but also the most obscure. Small fungi of the bladder, unaccompanied with catarrh or enlargement of the prostate, and only attended with a neuralgic condition of the neck of of the bladder, disturb the excretion of urine only at remote intervals. They cannot be recognised by the catheter. The only means of detecting their presence, especially when they are pedunculated, is by the use of the lithotritic instrument. The trilobe mounted as I shall describe when speaking of the treatment, gives us, however, exact information; and should be used whenever there is any reason to suspect the existence of a fungus, and that the more promptly as it is at the commencement of the disease alone, that a favourable result from treatment can be expected. I cannot too forcibly insist on this point. Whenever we relieve retention or difficulty of excretion of urine, especially if the catheter has encountered no obstacle, vital or mechanical in the urethra, or at the neck of the bladder, and if the bladder retains a sufficient expulsive power, the organ should be explored in a peculiar manner, and with the trilobe. After injecting the bladder, the instrument is opened in the organ, and drawn towards the surgeon, as if he would withdraw it open. The branches are thus applied against the internal orifice of the urethra, which is rendered tense; slight lateral motions are now communicated to the instrument, and if any fungus or other morbid growth exists at, or in the vicinity of the neck of the bladder, it falls into the space between the branches and is recognised by the stylet. Amongst other cases that I might cite, is that of a man, aged 26, who experienced difficulty of passing urine, and most of the symptoms of stone. Whilst I examined the bladder, a fungous tumor at the neck of the organ, fell between the branches of the instrument. In another case, I similarly discovered a fungus at the inferior angle of the trigone; calculus co-existed in this case, and as the patient died after some months, an autopsy verified the diagnosis.

2d Stage.—In other cases, more common than that above supposed, the instrument is arrested at the moment we expect it to pass into the bladder. Three suppositions occur to the surgeon—

1. Lateral deviation of the urethra from enlargement of one of the lobes of the prostate, or its deviation upwards from tumefaction of the body of the gland, or else the existence of one of those transverse bars, sometimes met with at the neck of the bladder.

2. Contraction and induration of the orifice of the urethra, an extremely rare event, but met with by Chopart.

3. A fungous tumor at the neck of the bladder. I leave out of consideration other circumstances, which an experienced surgeon could not fail to detect. But as to the three that I have mentioned, it is with the greatest difficulty that they can be discriminated from each other.

The mere fact of difficulty or impossibility of introducing an instrument into the bladder, the urethra being free to the prostatic region, indicates an obstruction at the neck of the bladder, and the rarity of stricture at that situation, renders it probable that the obstruction depends on an excrescence. But what are the characters and dispositions of the tumor? This remains doubtful, and can only be determined by patient investigation.

If the instrument enters the bladder, how are we to distinguish a fungus from a tumor of the prostate? We shall first suppose that the excrescence is not very bulky, and that the prostate is healthy, the means of determining which I have indicated elsewhere; the patient passes water with difficulty, there are indications of catarrh, and pains more or less similar to those attending a calculus or advanced neuralgia. The question is, to determine the causes of these symptoms. When an instrument of small curvature has been passed to the prostatic portion of the urethra, and is arrested at the moment it should enter the bladder, we must first determine the situation of the obstruction. If it be below, depressing the handle of the catheter will be sufficient to cause it to pass into the bladder. If the obstacle is sudden, but of small extent from before backwards, we may conclude that it is one of those transverse bars already mentioned, the symptoms of which I need not here mention. But if the obstruction lies more deeply towards the cavity of the bladder, it has a greater extent from before backwards. If the instrument is longer in

gliding over it, and the urine does not issue till the instrument has passed on several lines, and then comes in a full stream, and not in drops or small quantities, as sometimes happens before the catheter has passed the neck of the bladder, all this indicates that the obstruction extends a certain distance backwards, and can only be caused by a tumor occupying the anterior angle or the surface of the trigone. The catheter in passing, compresses and pushes backwards the tumor. When the instrument is in the bladder, and before the urine is drawn off, it should be carried to the right and to the left, and then withdrawn until the eyes are close to the tumor or neck of the bladder, which is known by the diminution of the flow of urine, and now rotated so, that its concavity shall look downwards. By repeating these motions of rotation close to the neck of the bladder, the projection of the tumor can be felt and circumscribed, and its volume and amount of projection into the bladder be approximatively estimated. If it be pedunculated, especially if the peduncle be small, we shall sometimes succeed in placing the catheter at each side of the peduncle successively. In two recent cases I have succeeded in effecting this. When the tumor is bulkier and its base larger, or if it be of a certain breadth, this cannot be done.

3d Stage.—When the tumor at the neck of the bladder is very voluminous, especially if it be complicated with prostatic disease, the diagnosis becomes still more difficult; most frequently indeed is impossible. Neither an examination by the rectum, percussion on the hypogastrium or perineum, exploration with the extremity of the catheter, or the local or general symptoms will put us in possession of the precise nature of the disease. It is, under such circumstances, so critical for the patient, and embarrassing for the practitioner, that we appreciate the injurious consequences of the temporising recommended by so many. The diagnosis has now become impassible, and the treatment is adopted at hazard.

Fungus in the Interior of the Bladder.

When fungous tumors exist in the interior of the bladder, the diagnosis, though not so precise as might be wished, is by no means so difficult as that of the third stage of fungous at the neck of the bladder: instruments can almost always be introduced, and even with facility; but when we seek to determine the nature, the shape, the bulk, and the mode of insertion of the excrescence, we shall find that much remains to be desired. The catheter communicates but very confused notions, and even the trilobe is far from being as serviceable as in small tumors at the neck of the bladder; the lithoclast can alone give us any useful information. The process which I employ is as follows:—

If, the bladder being filled with tepid water, we explore it in every direction with a catheter of small curvature held firmly, we shall feel inequalities which cannot exist in a healthy bladder distended with water. The point at which the instrument hitches must be determined, and the extremity of the instrument is to be depressed, so as to pass over that point without hitching. The amount of depression of the point of the instrument, and the lateral space it describes, before it can be raised to a level with the plain at which it was previously, give the measure of the height, and lateral extent of the tumor. If the common catheter fails to give a satisfactory result, the trilobe must be introduced, opened fully, and semi-rotated between the fingers, so that each branch shall successively strike against the side of the tumor, or inequality on the surface of the bladder. If the tumor or inequality be very prominent, the branches may be placed one on each of its sides, and it may then be cautiously examined by the stylet.

Such are the most favourable cases, where the tumor is isolated, narrow but prominent. But if, as we sometimes find, the tumor projects but little, the branches of the instrument do not strike on its side, but rest on its surface, and no information is obtained. The same occurs, if several fungi exist beside each other, and it is only by a fortunate chance that the branches of the instrument can be placed between them, or on their sides. The tumor can sometimes be seized with the lithoclast, not laterally, but from before backwards, and thus its antero-posterior diameter may be estimated. It is very difficult to distinguish, whether the tumor be pedunculated or rests on a broad base. When speaking of the treatment, I shall indicate the only means that art affords.

When the internal surface of the bladder is studded with slightly prominent excrescences, sometimes soft, sometimes resisting, if we explore the bladder distended with fluid, with the catheter or lithoclast, we ascertain the fact, that a number of protuberances exist on the inner surface of the organ, but are left in doubt as to their nature, the more so, as we may be deceived by the inequalities of the carneœ columnæ, which occasionally assume the most extraordinary forms.

The methods of exploration here described have occasionally yielded results which I was far from expecting, and which may be doubted by practitioners not very familiar with the use of lithontriptic instruments. No doubt these results are not obtainable without difficulty, and the production of much pain, and often after repeated examinations, we remain in doubt. It may be said then that the inconveniences of this new mode of investigation counterbalance the advantages. But what have we to expect if we have not recourse to it? The practice of the greatest surgeons previous to the introduction of lithrotity, gives the reply. The disease was never recognised during life, and the unhappy patients were submitted to various methods of treatment; each more empirical and painful than its predecessor.

There is a method of exploring the neck of the bladder, when affected with fungous tumors, which, as in disease of the prostate also, has been too much neglected, and gives important information; I allude to soft bougies; which are easily used, and cause little pain.

In stricture of the urethra, and disease of the prostate, soft wax bougies preserve when withdrawn the configuration communicated to them by the obstacl to their passage in the bladder; they are not altogether so useful in fungous tumors, but I have found them very useful, and strongly recommend their employment. In the first place they evidently cause less pain than hard instruments. As to the information they afford, in the first plae they inform us more certainly than any other means of the freedom of the urethra, as far as its internal orifice. We thus learn that the obstacle exists at that point alone. The bougies should be introduced slowly, and when passed in as far as it will go, it should be left in situ for some minutes, the posture of the patient remaining unaltered; it should then be gently withdrawn, taking care that it does not roll between the fingers. Its point will be found bent back like a hook, or else simply curved. The direction and curvature, enable us to judge of the position of the fungus; of the direction in which it has deviated the urethra, and also to ascertain the extent of its height. If the tumor is small, occupies the posterior part of the neck of the bladder, and but slightly disturbs its position; the bougie will be moderately bent upwards. The curvature will be to the right or left, if the tumor occupies one of the lateral lobes of the prostate; if the excrescence is large, if it causes a

sudden and considerable deviation of the direction of the urethra, the curvature of the bougie, will be abrupt, and its extremity may be hooked. If, as Chopart observes, the internal orifice of the urethra be really contracted, the boujie will present a contraction analogous to that observed in any other case of stricture. If the parietes of the prostatic portion of the urethra, and of the internal orifice of the canal are indurated, which is not rare, the bougie will present depressions, and partial flattening to a greater or less extent.—*Gazette des Hopitaux.*

RE-VACCINATION IN THE PRUSSIAN ARMY IN 1840.

43,522 individuals were vaccinated, of whom 34,575 had obvious cicatrices, 6,177 obscure cicatrices, and 2,772 were destitute of them.

The re-vaccination progressed regularly in 20,952, irregularly in 8,820, and was without result in 13,750: on these latter the re-vaccination was repeated, and succeeded in 2,831, and failed in 8,958.

20,952 individuals presented pustules: from 1 to 5 pustules appeared in 10,021 of the number; from 6 to 10 in 5,875; from 11 to 20 in 4171, and from 21 to 30 in 885.

During 1840 but 74 patients in the entire Prussian army presented varioloid eruptions—46 being varicella, 21 varioloid, and 7 variola—of the latter 2 died; they had not been re-vaccinated. It is important to note that in this, as in the preceding years, these several cases of eruption were observed in the newly-joined recruits, before the re-vaccination had commenced.

Vaccine matter taken from the adults who had been successfully re-vaccinated was as efficacious as that taken from children.

RE-VACCINATION IN THE ARMY OF WIRTEMBERG.

During seven years the army of Wirtemberg afforded but 20 cases of varioloid disease and 2 of variola, 1 of whom died; of these 22 persons, but 2 had been re-vaccinated some years previously, one of whom was affected with a varioloid eruption at the time of the performance of the re-vaccination, which was thence imperfect; and the other had been unsuccessfully re-vaccinated. The re-vaccination was at first performed with lymph taken from children, but subsequently the virus was transmitted from adult to adult. The following are the results of seven years:—

Of 22,780 soldiers, 7,888 were successfully re-vaccinated, in 4,814 of whom the cicatrices were distinct, in 1,754 indistinct, and absent in 1,208. 112 of the whole number had had small pox.

6,091 were re-vaccinated with doubtful success, amongst whom 3,757 had distinct cicatrices; 1,504 indistinct cicatrices; 569 presented no cicatrices; and 81 had had the small pox.

8,801 were re-vaccinated unsuccessfully, in 5,106 of whom the cicatrices were distinct, in 2,353 indistinct, absent in 1,188, and 154 of the number had had the small pox.

It results from this, that 35 per cent. of the re-vaccinations were perfectly successful, 26 per cent. doubtful, and 39 per cent. failed.

It is to be remarked that the result of re-vaccination was almost the same in those who presented the cicatrices of a former vaccination, as in those who did not. The number of soldiers who did not present cicatrices was so great (1 in 8) that it cannot be supposed that the vaccination had failed formerly; it is rather probable that the cicatrices had become effaced by time.—*Gazette Medicale.*

DUBLIN HOSPITAL REPORTS.

CITY OF DUBLIN HOSPITAL.

CASES OF LARYNGITIS.

Admitted under Mr. Hargrave—Reported by Mr. Orr.

David Fitzgerald æt. 19, a labourer in a glass house, was received into the City of Dublin Hospital, January 31st, 1841, labouring under a most severe attack of typhoid pneumonia of both lungs. From this he recovered, and was discharged March 5th, continuing still to complain of some cough and hoarseness; considerable feebleness of respiration remaining in the lower and posterior part of the left side.

March 7th.—Re-admitted this evening, suffering from very urgent laryngeal dyspnœa, which he says commenced only about 5 o'clock, P.M., and grew bad so rapidly, that his friends thought he would have been suffocated before he reached the hospital—his breathing croupy, and very laborious; a frequent ringing cough; cold sweat; great weakness; pulse quick, and very compressible; tongue clean and moist; some tenderness of larynx and trachea.

℞. Pulv. Ipecac. gr. xx.
Ant. Tartar. gr. i.
Aquæ ℥iv.
Ft. haust. emeticus statim sumendus.

℞. Antim. Tart. gr. ii.
Aquæ ℥vi.
Capt. ℥i. om. semihorâ ad quartam vicem.
℞. Calomelanos gr. xvi.
Pulv. opii. gr. i.
Ft. pilul. viii. capt. i. om. hor. incipiens post horas tres.
Empl. Lyttæ super laryngem.

8th—The dyspnœa is not quite so urgent, though still alarmingly distressing. Cough still troublesome; croupy breathing continues; can only say a few words at a time; has taken six pills; bowels once moved; no sleep; sweat; lips a little purplish; tongue clean and moist; pulse very compressible.—Applicetur cucurb. c. ferro nuchæ et detratetur sanguis ad ℥iv.

℞. Submur. Hyd. gr. xii.
Ant. tartar. gr. i.
Pulv. opii. gr. igs.
Ft. pil. vi. cap. i. tertiis horis.
Emplact. Lyttœ inter. scapulas.

March 9th—Slept none all night, breathing and cough very distressing; the latter compared by the patients in the ward to the barking of a dog. Dyspnœa scarcely so urgent as yesterday. The epiglottis presents a vascular appearance, and the parts are thickened, and œdematous when examined by the finger; pulse 100, small, and not quite so compressible as yesterday; has taken no diet since Sunday, the 7th.—Pergat in usu medicamentorum. Repetatur vesicatorium, et curetur pars vesicata hoc unguento.

℞. Ung. hyd. fort. ℥iv.
Cantharid. ℥ss.

2 o'Clock, P.M.—Since the morning visit, his dyspnœa has been greatly aggravated, and his face suffused with a livid flush, capr. pulv. Ipecac. ℈i. statim; after vomiting, his breathing became easier.

5, P.M.—The dyspnœa again being of the most urgent nature; the operation of tracheotomy was proposed, and acceeded to with willingness.

The trachea was with little delay, difficulty and loss of blood, except cutaneous, opened a little below the cricoid cartilage, and a silver canula introduced: in a few minutes after the operation he experienced much relief, and discharged through the tube a

quantity of bloody mucus from time to time, which afforded still greater relief.

℞. Calomelanos. gr. i.
Pulv. Doveri. gr. iii.
Ft. pulvis sextis horis repetendus.

℞. Mist. Camphoræ ℥v.
Liq. Hoffmani. ℥ii.
Spt. Ammon. Arrom. ℥i.
Aq. Laurocerasi ℥i.
Træ. Digitalis. ℥ss.
Syrupi. Tolut. ℥iv.
Capt. ℥i. tertiâ quâque horâ.

10, P.M.—Has had no sleep; appears greatly exhausted; pulse exceedingly quick (158), small, irregular, occasionally intermittent. Respiration upwards of 40 in a minute; tongue clean, with much thirst; temperature good; no bleeding. Mucus much more abundant in the trachea and lungs, with a copious sanguinolent discharge from the tube.—Empl. lyttæ inter scapulas.

March 10th.—Seems much better to-day; slept tolerably well in the latter part of the night; desires food; less reddish mucus expectorated. Pulse 130, quick, unsteady; tongue clean and moist; little thirst; complains of the soreness of his neck.

Beef tea. Wine, one oz.
Reptr. mist, & pulv. sext. horis.

10, P.M.—Continues improving. A thick concocted mucus is now discharged from the trachea in moderate quantity. P. 112, soft and steady, with more strength. Respiration tranquil; spits out a good deal of frothy saliva.

March 11th—I was called up to assist him, as the tube was obstructed by the drying and inspissation of the thick mucus Before removing it he was able to articulate distinctly, as some air was passing through the larynx, but not sufficient to indicate any alteration in its condition with certainty. The tube in the trachea just corresponded to the size of the canula.

9, A.M.—Patient rested comfortably since the tube was reapplied. The matter ejected through the tube is very clammy, and thick, requiring much force for its expulsion. Salivation, tongue white and slightly coated, inside of lips and cheeks a little ulcerated, and is prevented from eating by the soreness of his mouth, and neck, or both. P. 108, stronger, soft and steady; bowels moved twice; some flatus in the colon.

Omittr. submur. hyd.
Repetantur mistura, et vinum.
Capr. pulv, Dov. gr. iii. ter in die.

The inside of the mouth to be freely brushed with the 30 gr. sol. of nitrate of silver.

March 13th.—Is reported by the nurse to have spent an uneasy night; complains much of his mouth, and points to the back of it. The gums and mucous membrane of the lips and cheeks are not very sore; the tonsils are enlarged and inflamed; p. 92; urine scanty.

℞ Mist camphoræ. ℥v.
Spirit ether nit. ℥i.
—— ammon. arom. ℥i.
Aquæ lauro cerasi. ℥iss.
Acetatis kali. ℥i
Trœ. digitalis. ℥ss.
Syrupi tolut. ℥iii.
Cap. ℥i. ter in die.

15th.—Had a quiet night—looks well—less salivation—less discharge from the trachea—cough diminished—tongue clean—appetite improved—pulse 92, full and soft—respiration natural in the anterior part of the chest—urine high coloured. To continue his beef tea; to have half a pint of beer and an egg.

19th.—Considerable dulness on percussion in the postero-infero, and infero-lateral part of the right side of the thorax. Here the respiration is either feeble or absent, and some mucous râles are occasionally heard.

℞ Olei terebinth. ℥vi.
Muc. Acaciæ. ℥i.
Acidi. Acetici. ℥ii.
Aquæ fontis. ℥ii.
Ft. Linimentum lateri infricandum.

22d.—Thoracic signs unchanged—pulse 92, full and soft—wound disposed to close if the tube be left out even for a short time. The liniment does not irritate the skin.—Add linim. spt. terebin. ℥vi.

℞ Infus. gentian co. ℥v.
Tinct. ejusdem ℥v.
Liq. potassæ. ℥ss.
Spt. ammon. arom. ℥j.
Syrupi. zingib. ℥iii.
Capt. ℥i. ter in die.

25th.—Improving in strength and spirits—appetite good—slight sweating during sleep—speaks tolerably well when the tube is stopped with the finger; but he cannot breathe without difficulty—blushing and sweat when the wound is closed: in ordinary respiration the air passes through the tube and the nose. If the artificial opening be obstructed, expiration through the larynx is attended with a hoarse croaking sound; inspiration is noiseless.

May 1st.—His general health has improved much—he is getting fat and strong—he is still unable to breathe through the natural passages for more than a few minutes at a time—while the opening in the trachea manifests a strong disposition to close, whenever the tube is withdrawn. The epiglottis and back of the pharynx; which had been highly vascular and so sensitive as to cause great distress when any attempt was made to examine them, have lost much of their morbid sensibility, by being brushed daily with the thirty-grain solution of nitrate of silver for the last fortnight—expiration through the larynx is still attended with the flushing and croaking sound mentioned above—respiratory murmur is more generally heard over the chest, but a good deal of dulness still continues on the right side.

Four months after the operation, I was informed by this patient's mother, that he was in the enjoyment of the best health, but still obliged to breathe through the tube, and could articulate well and distinctly—she was then endeavouring to have him admitted into the North Union workhouse of this city.

Richard Wilkinson, aged 30, a sailor, has been suffering for the last two months, from hoarseness and cold. On this day fortnight he sailed from Wicklow to Liverpool in a coasting vessel; while there he became much worse, his breathing became croupy, and he lost his rest and appetite. The difficulty of respiration increased so much in the last two days, that leaving his vessel in Liverpool, he came to Dublin this morning for hospital relief.

Admitted August 10, about one o'clock, P.M.—Present state—breathing croupy—loud and crowing inspiration, with violent motion of the trachea up and down—voice rather hoarse, but more distinct than might be expected, from the distressed state of the breathing. He is unable to articulate more than a few words at a time, being interrupted by the crowing inspiration before mentioned. No inflammation abont the fauces—the epiglottis feels natural to the touch. Great tenderness on pressure along both sides of the cricoid cartilage, but no swelling—expectoration muco-purulent at times, at others frothy—pulse 76; irregular, but of tolerable strength—extremities cold—face rather flushed.

About two hours after admission he had what he describes as a sudden fit of suffocation, with cough

and great expectoration. This is tinged with blood, which, he says, never occurred before.

4 o'Clock, P.M.—The operation of tracheotomy was proposed to the patient, and readily acceded to. It was accordingly proceeded with at once. One vessel, probably an irregular branch of the thyroid, yielded some blood after separating the sterno-thyroid muscles. It was commanded by pressure with a piece of sponge for a few minutes. The trachea, which for an adult male was unusually small, was opened by excising a portion of the tube containing two rings of the cartilage, and a portion of a third. A silver tube was introduced—violent excitement followed the operation—severe coughing lasting for some minutes, during which, a small quantity of bloody mucus was expectorated. After about five minutes, respiration became tranquilly established, and he breathed without labour or distress.

℞ Calomelanos. gr. x.
Pulv. opii. gr. ¼.
Ft. pulvis statim sumendus suprabibens haustum sequentem.
℞ Aceti opii. gr. xx.
Mist camph. ℥i.
Ft. haustus.

9 o'Clock, P.M.—Has slept almost constantly since —respiration easy—extremities of a comfortable warmth—pulse 84; stronger, but still irregular—has coughed very little since the operation.—Repet calom. et. op.

August 11.—Was called at three, A.M., as the tube was clogged with mucus—he had slept almost constantly since last report. After introducing a fresh tube, which was done with some difficulty, on account of the depth of the wound, he fell asleep again—cough not at all spasmodic, but excited by the choking of the tube with tenacious mucus.

10 o'Clock, A.M.—Bowels moved four or five times since this morning—gums shew the influence of the mercury—general bronchitis over both lungs, but not capillary—countenance much improved—pulse 112, but much more regular.

℞ Pilul. hydrarg. ℈i.
Pulv. ipecac. gr. xii.
Ft. pilul. octo quarum capiat unam tertiâ qq. horâ.
℞ Tinct. lobel. inflatæ ℥i.
Aquæ. ℥iii.
Ft. mist. cujus capt. part. tert. pro dosi ter in die.

4 o'Clock.—A good deal of swelling, with a blush of erysipelatous looking inflammation has set in round the edges of the wound—greater tenderness about the cricoid cartilage—occasional fits of coughing—Mucus or muco-purulent matter is now expectorated, tinged with blood—part of this comes through the tube, and part by the mouth—when he swallows fluids, a portion generally escapes by the canula—deglutition easier.—Hirudines xii. gutturi.

August 12.—Bronchitis rather increased—sonorous râles heard over the chest—cough as yesterday—bowels moved frequently—gums sore, with mercurial fœtor—swelling about the wound diminished—pulse 100, stronger and regular.—Omit pilula.

℞ Mucil. amyli. ℥vi.
Tinct. opii. ℥ss.
Ft. enema. Post hor. iv. repetend. si opus sit.
℞ Decoct. polygalæ, ℥vii.
Vini ipecac.
Tinct. scillæ, aa. ℥ss.
Elixir paregor. ℥vi.
Capt. cochl. amplum secundis horis.

Gargar. aluminis.

August 13.—Purging checked by the enema—breathing easier—cough relieved—sonorous rales less audible—expectoration in smaller quantity and more frothy—swelling about the wound nearly gone—pulse 100; improving in strength—complains of weakness.

Pint of porter. Add. decoct. polyg. Carb. ammon. gr. xxiv.

August 15.—Can breathe pretty freely through the larynx when the tube is closed—bronchitis diminishing fast.—Chicken.

20th.—Chest quite free from bronchitic rales; but the cough is still troublesome chiefly at night, rendering an opiate necessary.

26th—For the last three days the wound has shown a strong disposition to contract and heal, so that the tube could not be extracted. It was attempted to dilate the wound sufficiently with prepared sponge, but the parts were too unyielding. This morning it was removed. The tube was surrounded by a ring of substance of almost cartilaginous hardness, which overlapped the flanges. As making an incision in this merely liberated that point, it was found necessary to shave off a portion of the entire circumference. It possessed very little vascularity: only a few drops of blood were lost. He now breathes with perfect ease through the rima.

Sept. 8.—The wound in the neck is completely cicatrized, and the recovery perfect, the voice being a little altered from its natural tone.

OBSERVATIONS.

In reviewing the case of Fitzgerald, my only regret was not proposing the operation to the patient twelve to twenty-four hours earlier, and not to have waited to have symptoms more decidedly marked, by which delay I was very near losing the patient, not alone immediately after the operation, but also the night following it. This affection in some respects is very analogous to some kinds of hernia, and does not brook delay: in the latter, if the surgeon waits for the increase of intensity in the symptoms, as more pain, a more decidedly marked state of constipation, vomiting, and the usual symptoms attendant on this affection, the operation, though it affords temporary relief, generally fails either in consequence of peritonical inflammation, which cannot be controuled; or the system suffering from the shock of the operation postponed too long, in addition to the effects of the disease, sinks under the combined influence of both, without ever making any effort to rally and recover its powers. Can any analogy exist between these affections demanding tracheotomy, and injuries of the head? in which operations, ex cathedra, are interdicted in many cases, until symptoms of so unequivocal a character set in, as to command operation, which in many instances is then too late.

Suffocation during the performance of tracheotomy, when the operation is too long deferred, is not the only danger attending it; but owing to the embarrassed state of the respiration, the lungs become congested, and the blood is not properly ærated; from which two sinister motives result from this delay—the one is effusion, which takes place into the pulmonary structures, and is with much difficulty relieved; the second is owing to imperfectly arterialised blood being sent to the system, when there is scarcely sufficient energy, either nervous or muscular, to bring into full action the respiratory muscles, to relieve the lungs of their embarrassed condition.

The mercurial treatment was pursued with great care, as he had been treated with the same medicine when suffering but a few days previously from typhoid pneumonia; much benefit was derived from the administration of digitalis, which supported its character as the opiate of the heart, by allaying the inordinate action, and irritability of that organ; at the same time the respiration fell rapidly in frequency, and in a

very short time became natural as to its number in the minute.

The use of the strong solution of the nitrate of silver, was not alone of much value in completely removing the great irritability of the fauces and upper part of the pharynx, but also produced a decided diminution in the œdematous condition of the parts about the larynx.

His voice is daily improving in tone and strength; but he is still compelled to wear the tube constantly in the trachea for the purpose of free and easy respiration; being unable to respire for more than a couple of minutes through the rima glottidis with comfort to himself; in all probability he will be compelled to continue the use of the tube for the purposes of respiration. On what does the impermeability of the larnyx depend? is it upon the irregularly healed cicatrix of an ulcer? In that situation, no evidence existed as to the presence of such an affection, as pain, tenderness, soreness, or any uneasiness about that region: or can this impediment to the free passage of the air through the larynx, be owing to any thickening of the cordæ vocales, or a deposition of lymph in the lax submucous cellular tissue, which is so abundant in the larynx, and thus impedes the entrance of the air, as the expiratory effort is much more perfectly performed, than the inspiratory one; conjecture cannot solve the difficulty.

I may further observe, that this operation is considered uncalled for, unless demanded by the utmost necessity of the case: in this opinion I do not coincide, for, as an operation per se, it is seldom difficult, and scarcely ever dangerous to life. It has been performed three times by me in the City Dublin Hospital since January of this year, for disease of the larynx, and once by my colleague, Dr. Houston, for a foreign body in the respiratory passages without exhibiting the least tendency to abridge life.

The difficulty of the operation is produced by the great dyspnœa, together with the hurried and laborious breathing, which causes not alone the rapid movements of the trachea, but also increases the depth of that tube; these conjoined with the anxiety of the operator working against time, justly, apprehensive least his patient should die under his hands, thereby unmeritedly bringing censure on himself, and upon a most life preserving operation; that in many cases render this one of the most embarrassing operations that the surgeon can be called on to perform, when deferred too long.

Still from the experience of Professor Porter, Bretonneau, and Trousseau, as reported in the *Gazette Medicale;* also from one case under my care, and reported to the Surgical Society of Ireland;* even if the patient is in articulo mortis the operation can be performed with every just prospect of rallying him from death, which has all but set his seal upon his earthly career.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF DIFFICULT LABOUR.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen—Being one of those who think that practical medicine might be advanced, were it more free'd from unnatural abstraction, and speculative refinement; and believing that much might be accomplished toward that end, were provincial medical gentlemen induced to forego their great antipathy to notoriety, and publish their remarkable cases: holding these opinions—though reluctant to see my name in print—I take the liberty to furnish, for publication in your journal, at your earliest convenience, the succeeding case.

Mary Meschell, ætat 38, of a passive constitution, and nervous temperament, living in an underground cellar, was, "for five days complaining in labour," before I saw her. On my first visit, she was restless and irritable; heat of skin; tongue clean; pulse about 90—her first child: she had had from the nurse some castor oil; and, in the morning an injection of thin gruel, common salt, and a little butter. On examination per vaginam I found the os tincæ about the circumference of a six-pence; and I formed an impression that the head—the presenting part—could not pass through the pelvis, because of the relative size. She had not had rest for the last three nights or days.

F. Magnesiæ ustæ ℈.
Tinct. sennæ comp. ℥iv.
Tinct. opii. m. xxx.
Aq. menth. vir. ℥iss.
Ft. haustus. s. sumend.

Sixth Day—9 o'Clock, A.M.—Slept ten hours after the draught; uterine action occasionally since 5 o'clock, A M.; os tincæ dilating.

9 o'Clock, P.M.—Os tincæ dilated; membranes ruptured; head of fœtus at the brim of the pelvis; uterus contracting strongly. Had not passed urine since morning. Introduced catheter, and took away a quantity of high coloured urine.

Seventh Day—7 o'Clock, A.M.—Pains had gone off during the night. Head of fœtus not advanced. Vagina hot and dry; skin hot; head painful; pulse 100 full. I took twelve ounces of blood from the arm.

4 o'Clock, P.M.—Surgeon Fennell accompanied me—we found her cool; bowels free'd; pain in head relieved; head of fœtus not advanced; uterus not contracting.

9 o'Clock, P.M.—Uterus contracting, but ineffectually; the head of fœtus impacted, and ear not to be felt; much fatigued; passed no urine during the day. I attempted to pass a silver catheter, but the pressure of the fœtal head rendered it impracticable—succeeded with a small elastic gum one, and drew off about a quart of turbid urine. I considered it a case for the perforator and crotchet to be immediately used. On examination with the stethoscope, I distinctly heard the pulsations of the fœtal heart. Mr. Fennell preferred waiting, and we allowed things to go on.

Eighth Day—7 o'Clock, A.M.—No pains since 11 o'clock last night. No sleep since that produced by the draught—inability to move the right lower extremity; pulse 100; abdomen tympanitic and painful to the touch; pain not increased upon pressure; fœtal head little advanced.

10 o'Clock, A.M.—Doctor Vaughan accompanied us, with a view to decide on the propriety of instruments. We adopted the perforator and crotchet, which, after emptying the bladder as before, I used, and we delivered in the usual way. Before the perforator was used, half of the following was administered: Secal. cornut. ℥i. boiled in half a pint of water: the remaining part in the course of the operation. Some uterine action was produced—the placenta had to be removed.

9 o'Clock, P.M.—Complains of want of sleep; abdomen tympanitic; tongue clear; heat of skin little increased; pulse 112.

℞ Magnesiæ ustæ. ℈j.
Tinct. opii. m. xx.
Vini ipecacuanhæ. m. xl.
Aq. menth. vir. ℥iss.
Ft. haustus—statim sumendus, necnon,

* Vide Dublin Medical Press, Vol. V. p. 83, the very interesting case of Sex.

℞ Sem. anisi cont. ℥ss.
Aq. puræ lbi. coque et cola, dein adde olei olivar. ℥ii.
Olei terebinth. ℥i.
Enema statim utatur.

Ninth Day—10 o'clock, A. M.—Had some sleep last night—complained of occasional painful swelling running across the transverse colon, and of constant swelling at the sigmoid flexure, which is painful to the touch, but relieved on pressure—the abdomen tympanitic—passed no urine since the introduction of catheter—pain in the head—hot skin—pulse 120, compressible—passed the catheter.—Repet. enema, cum additione tinct. assafœtidæ. ℥i. statim.

9 o'Clock, P.M.—Violent paroxysms of painful distension of abdomen, which is still tympanitic, pain relieved upon pressure—pulse as in the morning—milk and lochia suppressed.—Repet. enema statim, et altera post horas tres.

Tenth Day—10 o'Clock, A.M.—No sleep last night—tympanitic distension increased, violent paroxysms of pain in abdomen not relieved—passed no urine—pulse 120; compressible—passed catheter, and drew off a quantity of high coloured urine.—Repet. enema, cum ℥iss. ol. terebinth. necnon.

℞ Olei ricini ℥ss.
Olei terebinth. ℥iij.
Tinct. sennæ comp. ℥iji.
Aq. cinnam ℥i.
Ft. haust. statim sumend.

9 o'Clock, P.M.—Tympanitic symptoms not relieved; passed no urine. Catheter passed.—Repet. enema ut hodie, necnon.

℞ Subm. hydrarg. g. iv.
Ext. opii. Aq. gr. j.
Pulv. assafœtidæ gr. viij.
Ft. Pil. ij.—Statim sumendæ.

Eleventh Day—10 o'Clock, A.M.—Had a few hours' sleep last night; tympanitic symptoms less; abdomen extremely painful to the touch; can bear pressure without aggravating the pain; pulse 110, compressible.—Repet. enema.

9 o'Clock, P.M.—Suffered during the day from paroxysms of pain in the abdomen, which is less distended; complains much of incontinence of urine, and soreness of soft parts; lochia profuse; milk suppressed.—To be fomented with hot water, and the pills as last night repeated.

Twelfth Day—10 o'Clock, A.M.—No sleep last night; great tenderness of abdomen, with *constant* slight pain; incontinence of urine; soft parts extremely sore; lochia scanty; pulse 130, compressible. Fomentation repeated.

℞ Subm. hydrarg. gr. x.
Ext. opi. aq. gr. iss.
Ft. Pil. iij.—Sumatur una tertiâ q.q. horâ.

9 o'Clock, P.M.—Abdomen not so painful; inclined for sleep; pulse as in the morning.

Thirteenth Day—10 o'Clock, A.M.—Had a restless night; abdomen less painful to the touch; pain rather increased upon pressure; countenance anxious and irritable; pulse 120; incontinence of urine; soft parts extremely tender and painful. To be fomented, and a warm poultice to be applied, and repeated every fourth hour.

℞ Submur. hydrarg. gr. viij.
Ext. opi. aq. gr. ij.
Pulv. ipecac. gr. vj.
Ft. Pil. vj.
Sumat. una tertiâ q.q. horâ.

9 o'Clock, P.M.—Abdomen much relieved; no pain upon pressure; pulse 120, full and soft; incontinence of urine seems most distressing, keeping up soreness of soft parts; milk and lochia present, but scanty.—App. emp. vesicat. hypogastrio.

Fourteenth Day—10 o'Clock, A.M.—Passed a good night; slept some hours this morning; gums sore from the calomel; abdomen free from pain; tympanitic symptoms removed; retained urine since morning; pulse 100.—To have a little chicken broth to-day.

9 o'Clock, P.M.—Abdomen free from distension or pain; incontinence of urine and soreness of soft parts are complained of.—Fomentation to be repeated.

Fifteenth Day—10 o'Clock, A.M.—Had a restless night; in other respects as yesterday.

9 o'Clock, P.M.—In the course of the day patient was removed into another bed (straw), and we found her labouring under an attack of acute bronchitis, with great tenderness of the abdomen. Her knees were drawn towards her chest; she was sitting nearly erect in bed; she could not change her position without considerably increasing the pain of the abdomen; the weight of bed-clothes could not be endured, and the recumbent position was insufferable, the dyspnœa so distressing; the pulse was small, rapid, and incompressible. I immediately took 16 ounces of blood from the arm, before the respiration or pulse denoted relief.—The abdomen to be fomented with hot ol. terebinth necnon.

℞ Subm. hydrarg. gr. vj.
Pulv. ipecac. gr. j.
Ft. Pulvis.—Statim sumendus.

Sixteenth Day—10 o'Clock, A.M.—Pain and soreness of abdomen removed; dyspnœa distressing; respiratory murmur masked by a mucous "rale;" sputa viscid, greenish colour; pulse 140, soft; retains urine, but passes some with the force of cough.—App. emp. vesicat. pectori statim.

9 o'Clock, P.M.—Inability to cough; dyspnœa very distressing; no expectoration; mucous "rale" audible without aid of stethoscope; pulse soft, quick, and indistinct

℞ Decoct. senekœ, ℥vi.
Carb. ammoniæ, ℥j.
Liquor. æther. ol. ℥ij.
Mucil. gum. acaciæ, ℥ij.
Syrupi simpl., ℥j.
Ft. Mistura sumatur coch. duo ampla q.q. horâ.

Seventeenth Day—10 o'Clock, A.M.—Expectoration more free; dyspnœa much relieved; mucous "rale" audible; pulse 120, small, and compressible.—Repet. mistura, et appl. emp. vesicat. inter scapulos statim.

9 o'Clock, P.M.—Expectoration free, dyspnœa removed; mucous "rale" audible occasionally; pulse more full; skin soft. In future, one tablespoonful of the mixture to be given every two hours.

Eighteenth Day—10 o'Clock, A.M.—Bronchial affection greatly relieved; skin soft: pulse as yesterday. In the course of this morning the patient began to sing, and sang several times. Just commenced singing; is occasionally interrupted with cough. She took the ammonia mixture—two spoonfuls every hour. Insisted upon getting it during the night in the same manner as before.—To have nothing but arrow-root, and some gruel, during the day.

9 o'Clock, P.M.—Respiration easy; cough and expectoration free; mucous "rale" scarcely perceptible. No singing since morning; pulse 130, compressible.

Nineteenth Day—10 o'Clock, A.M.—Same as last report. No singing.

9 o'Clock, P.M.—Cough hard and troublesome; "rale" again audible; is now singing; pulse 140, small and compressible. A spoonful of wine in food every four hours.

Twentieth Day—10 o'Clock, A.M.—Cough as yes-

terday; slept some last night; sang only once since last visit; pulse 120.

℞ Decoct senekæ ℥vj.
Syrup. scillæ, ℥j.
Tinct. valerianæ, ℥j.
Ft. Mistura.—Sumat. coch. amp. tussi urgenti.

9 o'Clock, P.M.—Better; cough not troublesome; expectoration free; respiration easy; pulse 112; no hysteric symptom; secretions natural.—The wine and mixture to be continued.

21st Day—10 o'Clock, A.M.—Passed a good night; slept; wished for animal food; pulse 100. From this period she went on well, and soon became convalescent.

I may observe, before concluding this my first communication to the MEDICAL PRESS, that the case above cited is not intended to illustrate any extraordinary phenomena, but merely to show the powers which nature possesses, when aided by artificial means.

I am, gentlemen, yours, &c.
O'B. MAHONY, M.D., Surgeon, &c.
Clonmel, September, 1841.

ON THE IODIDE OF IRON, THE CAUSES OF ITS FREQUENT FAILURE AS A MEDICINE, AND THE MEANS OF OBVIATING THEM.

Extracted chiefly from a Paper by Dr. Dupasquier, in the Journal de Pharmacie, March, 1841.

BY M. DONOVAN, ESQ.

Considering the statements which have been made in other countries of the excellent medical effects of proto-iodide of iron, it is singular that it is not more extensively used in the British isles, and that its exhibition is not more frequently attended with success. I believe the cause of failure is a bad method of preparation, conservation, and exhibition.

It was introduced in the cure of phthisis, by Dr. Dupasquier, physician to the Hotel-Dieu, who found it "a remedy infinitely more useful than all those put together which have been employed to the present hour in that disease." Sometimes, he admits, it has no action, or only an ephemeral one; and how could it be otherwise in cases where the tissues are completely destroyed by disorganization. At other times it considerably ameliorates all the symptoms, gives hopes to the patient, and enables him to arrive at the final catastrophe with less suffering. Very often it produces temporary cures; but "sometimes it heals and cicatrises perfectly and permanently those cavities so easily discovered by auscultation, amongst persons, arrived at the last degree of marasmus, and who afterwards resume their original *embonpoint*, and all the characters of health."

Unfortunately the proto-iodide of iron, possessed as it is of such excellent qualities, is one of the most easily alterable medicines we possess, and it is scarcely ever found in commerce in a condition to support the character which it has acquired in other countries.

"The proto-iodide of iron generally used," says Dr. Dupasquier, "is a medicine totally different both in its chemical nature and its therapeutic action, from the proto-iodide which I use: the former is not a proto-iodide, although so named in all the formulæ, but a mixture: the composition varies according to the greater or less precautions employed in its preparation and conservation. When dissolved in water, the liquid, instead of being colourless, or scarcely coloured green, is brown, more or less deep, according as the iodide has been more or less exposed to the air. The smell and taste indicate the presence of a notable quantity of free iodine. A properly prepared solution should have no smell, nor more taste than the other salts of iron. It should have no apparent action on amidine, and with yellow cyanide of potassium it should afford a white precipitate; but with both of these reagents the solution of common proto-iodide of iron affords a blue powder; in the latter case a very deep blue."

"In fine, the common iodide of iron of apothecaries' shops," says Dupasquier, "named in the pharmacopœias and formularies proto-iodide, is a mixture, in very variable proportions, of free iodine, periodide of iron, mixed with some proto-iodide not yet entirely decomposed, and sesquioxide of iron.

A solution of proto-iodide of iron, kept even for a few days, lets fall this sesquioxide, or, as Dumas believes, an insoluble compound of iodide and peroxide of iron.

The preceding observations suffice to show that the iodide of iron generally employed is a mixture variable in composition, and therefore variable in therapeutic efficacy. Hence it differs essentially from the true proto-iodide of iron, the administration of which in pulmonary consumption is followed by such advantageous results. "Clinical observation has convinced me," says Dupasquier, "that the least alteration in the colourless solution of the proto-iodide is sufficient to diminish its medical properties, and to communicate to it an irritating action, which totally changes the effects of it."

If this be so, should it create surprise that this remedy so often fails, when we recollect the circumstances under which, in this country, it is always exhibited. In the original preparation it is half spoiled, for it should never be boiled down to a solid substance, but should be preserved as a colourless liquid. As soon as it has assumed even a green colour, injury is done; but when it is brown it is unfit for use.

The prescriber completes the destruction of the compound when he directs it to be dissolved in a liquid, or made into pills. The apothecary intends every thing that is good when he introduces a coil of iron wire into the liquid, or incloses the pills in a bottle: it is all in vain; oxygen will be absorbed, and the proto-iodide will be spoiled or greatly injured.

Dr. Dupasquier, to remedy these defects, has contrived several formulæ for the exhibition of this substance, founded on the property which saccharine and gummy matters possess of arresting the progress of oxidation in the salts and oxide of iron. He gives the following process for preparing the original solution of the iodide, and from this he forms a syrup, a gaseous water, a marmalade, a pill, a tablette, a jelly, and a lavement, in all of which are methods adopted for preserving the iodide unaltered. The syrup and pill are those which appear more congenial to the habits of physicians of this country; and I shall accordingly extract the formulæ of both. The following is the normal solution of Dupasquier:—

Take of Iodine	... ...	15.12 grains.
Iron filings	...	30.23
Distilled water	...	120.89

Introduce the whole into a small matrass, which hold plunged during eight or ten minutes in water, heated to about 167° F., so that no portion of the iodine shall be volatilised. Agitate the mixture frequently. At first the liquid becomes brown, but soon becomes perfectly colourless, or at most retains a nearly imperceptible green hue. This preparation ought to be extemporaneous, for it would be a vain attempt to preserve it unaltered for one hour, even in ground-stopple-bottles, and although metallic iron were present, owing to the decomposition of the water. From this Dr. Dupasquier prepares the

SYRUPUS PROTO-IODIDI FERRI.

Take of the foregoing solution 60½ Troy grains.

Syrup of gum arabic, colourless and thick, 6.3 Troy ounces weight.

Syrup of orange-flowers, 1.575 Troy ounce weight.

Mix perfectly by agitation during a few moments. It is indispensable that the syrups be colourless, so that the physician may have ocular proof that the medicine is not altered or injured. They should have more than usual consistence, in order that the addition of the normal solution shall not impart such fluidity as would facilitate the alteration of the ferruginous salt by contact of air.

In this formula the proto-iodide is preserved in a state of perfection for at least a month—a matter of consequence to patients residing in the country.

The total quantity of the above syrup is eight ounces by weight, the total quantity of proto-iodide being eight grains, or a grain to every ounce *weight* of syrup—that is, every tablespoonful of the syrup will contain two-thirds of a grain of proto-iodide of iron. Considering the greater activity of the iodide prepared as directed by Dr. Dupasquier, the quantity contained in a tablespoonful of the syrup may be quite a sufficient dose, but it may be made to any strength.

The following is the formula for the

PILULÆ PROTO-IODIDI FERRI:

Take of iodine,	...	...	121 grains.
Iron,	...	...	242
Distilled water,	...	...	378

Proceed with these to form a normal solution as before; filter, and pour the solution into an untinned iron vessel; add Narbonne honey, 302 grains; evaporate rapidly, until a great part of the original water be dissipated, and a syrupy consistence shall be attained; then add at intervals, continually agitating with an iron spatula, powder of gum tragacanth 184 grains. Form a mass, and divide it into 200 pills.—Each pill will contain almost exactly three-quarters of a grain of proto-iodide of iron. These pills remain a long time unaltered. Dr. Dupasquier says that they may be used in place of the pills of Vallet or those of Blaud in the cure of chlorosis.

The facts stated in Dupasquier's essay are certainly worthy of attentive consideration. The form of syrup seems best adapted for patients labouring under phthisis for obvious reasons. If this preparation has effected the cures related in various publications by Dr. Dupasquier, or has even afforded so much relief as is reported, it is an invaluable medicine. At all events it deserves a trial in this new form of exhibition, for the old one afforded a preparation, as Dupasquier declares, not only totally different, but of far inferior efficacy.

11, Clare-street.

TREATMENT OF BURNS.

Dr. Williamson, of Leith, recommends the use of *common soap* in burns. He says—

"The mode in which I am in the habit of employing it is this:—A common shaving box may always be procured, from which a good lather may, in the course of a minute or two, be easily obtained. This lather is then gently laid over the burnt surface by means of a shaving brush, and repeated so soon as the first coat begins to dry, or the pain return. This practice ought to be repeated occasionally during the first day, or until such time as the pain is relieved. The benefit accruing to the patient is *immediate*, and the result of the practice highly satisfactory; for in more superficial burns, if early applied, vesication is prevented, and, in the course of a few days, desquamation of the cuticle follows, without leaving a raw surface. Of course, this, as a remedial measure, is most applicable to superficial burns; but even in such cases as involve destruction of the more deep tissues, it is not used without advantage, in so far as the personal comfort of the patient is concerned. In such cases, after the lapse of a few days, the crust formed by the soap is easily removed, so as to permit the employment of other remedies, if necessary.—*Medical Gazette.*

OBITUARY.

M. Decandolle, the celebrated botanist, has died of hydrothorax. About ten years ago, he accidentally swallowed a poisonous dose of iodine, and had since suffered from habitual ill health.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 22, 1841.

PROFESSIONAL PROSPECTS.

We have now sufficient information to enable us to form some opinion, as to the prospects of the medical profession, and we do venture to assert, that the practitioners of Ireland may still entertain sanguine hopes of success in the efforts they have been making, are still, we expect, making, and are likely to continue to make, for maintaining their characters and position as professional men; as well as for obtaining those measures of improvement, which the defects of the present systems of medical education so imperatively demand. If ever good reasons existed for making those efforts, they are now still in full force. The objects contemplated, have not yet been obtained, and there is not the slightest reason for supposing that they are now more difficult of attainment. This it is necessary to inculcate, because, we are inclined to suspect that there are persons, who for various reasons may feel disposed to disseminate a different opinion. The servile slaves of mere party on either side of the political question, may endeavour to create a feeling that all further attempts to secure the stability and improvement of the medical institutions must be fruitless. One will say, the day when such could be effected has passed, the other that it now never can be permitted to arrive. Both we are certain are wrong. The objects we have had in contemplation, are totally independent of party, and that they are so, experience has proved. Did not all parties turn their backs on medical reform in the late House of Commons, and has not that cause as many sincere supporters, and as many sincere opponents on one side as another. My Lord's medical domestic will, we have no doubt, strut and taunt his neighbour with contemplated defeats of all attempts to effect a change of any kind, while the humble servant of the many headed master will shake his head and deplore the ruin which must necessarily follow. We venture to take the liberty of smiling at both parties, because we can smile from a sanguine hope of ultimate success, founded on the conviction that, be the circumstances what they may, gross abuses cannot be perpetuated, or gross injustice continue to be perpetrated. We consider it just as impossible that the abominable practices which poison the sources from which medical men derive their professional character, should be persisted in as that brutal officials should be permitted to continue to insult and browbeat a large and influential body of educated men. No, we repeat it, the prospects of a successful result of our exertions, are

just as good as ever, and that therefore the friends of improvement and those anxious to preserve and invigorate existing institutions should not relax.

The objects to be attained, and the remedies to be applied, should not be lost sight of, but steadily kept in view until some final result be attained. We have, in the course of our editorial labours, and the Medical Association, in its proceedings and reports, has repeatedly pointed out these objects and remedies, but we will now repeat them. First, to obtain such alteration of the present institutions for medical education, as shall prevent the sale of certificates and diplomas to uneducated persons, and consequently prevent the "*swamping*" of our profession, by persons unfit to practice it. Secondly, to maintain and improve the present provisions for the medical relief of the labouring population of Ireland, by infirmaries, fever hospitals, and dispensaries, and to resist the attempts making by the slaves of an inhuman theory, to substitute the farming of the sick poor for these humane provisions. Thirdly, to secure adequate remuneration for public services, to medical men in all departments, and to counteract the mean, unjust, and unwise policy lately avowed by the poor-law commissioners, to obtain such services on the "*lowest terms.*" Fourthly, to effect such amendment of the vaccination act, as shall secure the objects contemplated by the framers of that statute, and prevent either poor-law commissioners or any other authorities from defeating it. Fifthly, to demand as a right for members of the medical profession, adequate remuneration for their time and labour, as such, when called on to give their professional assistance, in courts of justice, or otherwise, in carrying the laws into effect. These are the points to which we are anxious to direct the attention of our brethren, and at the same time, to impress upon them the truth of our assertion, that the period is most favourable for their consideration. No one can, for one moment, deny the propriety and justice of giving them a fair consideration, or say, that there is any thing unreasonable in the request, to have them submitted to the wisdom of the legislature. Will any one venture to assert, that authorities to practice medicine or surgery, should be sold for a trifle, to idle boys, who have neither attended hospitals, dissected bodies, listened to the instruction of competent persons, or even studied in books? Will any but a poor-law agent venture to assert, that any man in his senses would sweep away the thirty-two infirmaries, and six hundred fever hospitals and dispensaries of Ireland, with all their medical attendants, officers, and governors, and replace them with the system of medical relief, "*on the lowest terms*" of the poor-law commissioners? Can any candid or liberal man be found to deny that the medical labourer is as worthy of his hire, as any other member of the community? Who will be bold enough to assert, that the vaccination act has been carried in effect in Ireland, or that the deplorable mortality from small-pox, has been in the slightest degree checked by its enactment? Finally, will any authority so far forget what is due to justice, as to assert, that a medical man alone of the whole community, is to be the only one compelled to give his professional services gratuitously, in order to carry the laws of the land into effect? We entertain no fears as to the nature of the answers which must be returned to such questions as these, and we, therefore, confidently submit them to the consideration of our readers. At the same time, we strongly recommend at this moment, a prudent and cautious course, and above all, warn our friends not to commit themselves on paper, unless publicly called on by competent authority.

YEARNINGS AFTER PLACE.

A correspondent residing in a remote part of the country, informs us that one of the poor-law commissioners who lately visited him for the purpose of inspecting his dispensary, "did all he could to make subscribers believe, that dispensaries in general, would do better if they were on the same footing as the poor-houses. I got a printed paper from him, and Mr.———, to fill up. Among the queries were the two following :—

Query 20—Is it apprehended that the subscriptions will fall off? Answer—There is no fear of the subscriptions falling off, unless the poor-law commissioners get the management of them.

Query 21—If such apprehensions be entertained, suggest any more certain and more satisfactory means of ensuring the necessary funds? Answer—To leave the management of the dispensary in the hands of the subscribers.

Our readers will not be at a loss to understand that 'placing the dispensaries on the same footing as the poor-houses,' being interpreted, means the appointment of Messrs.—— and ——, to be dictators and inspectors general of the medical charities of Ireland. Who will presume to doubt, that such an arrangement if permanent would do excellently well for Messrs. ——, and ——? Let all concerned consider if it would be likely to do equally well for the officers of these institutions, and what is of more consequence, for the poor.

The queries and replies quoted above will, we hope, meet with due consideration from our brethren generally, and impress upon their minds the necessity for caution in their communications with parties whose sole aim and object is to entrap unwary persons into statements and admissions which may be twisted into an approval of measures for poor-lawing the medical institutions and their officers, and thereby giving a permanency to certain posts, the tenure of which is now not of the most certain character. We have already often enough dwelt upon the effects upon the medical profession which must result, should these parties be permitted to succeed in their projects. Of this, however, there is little danger; but we cannot avoid quoting from the letter of our correspondent the following account of the working of the system:—"A 'medical officer' has been appointed to vaccinate the children of this district, about six weeks ago, without ever consulting me to know whether or not I would accept of their six-penny contract. My dispensary is a very poor one, and I feel

it a great hardship, having a medical man coming here once a week, and prescribing for every one who may go to him. Several children have been brought to me lately, with sloughing ulcers on their arms, instead of a vaccine vesicle, and no doubt, these were placed on the books as properly vaccinated."

Let the providing of medical relief for the poor be placed under the control of Mr. Nicholls, and no man's practice will be a moment free from the invasion of such "characterless persons" (to use a phrase of Mr. Assistant-Commissioner O'Donohue), as that gentleman may choose to commission for the service of thinning the population of Ireland.

POOR-LAW INTELLIGENCE.

House of Commons, Sept. 16.—Sir Robert Peel announced the intention of government to propose a continuance of the Poor Law Commission to the 31st July next.

Tullamore Union—It will be in the recollection of the readers of the Medical Press, that the former board of Guardians had the good taste to offer, by letter, to each member of the profession, in their union the sum of 6d. for each successful case of vaccination; this at the time was replied to by the unanimous resolution of the medical practitioners of every grade in the union, pledging themselves not to accept any scale of remuneration, short of the English allowance of 1s. 6d. The present board with a somewhat more reasonable consideration, have since offered the Irish commission allowance, by public advertisement, requiring proposals at that rate, on the 14th of this month. At their late meeting on the 14th, not a single medical man of any class was found to degrade himself; and so for the present the law becomes a dead letter in this locality.—*From our private Correspondent.*

PROMOTIONS.

Military.—3d Dragoon Guards—Assistant Staff-Surgeon A. C. F. Colclough, M.D., to be Assistant-Surgeon, vice Lister, promoted

20th Foot—Assistant-Surgeon R. I. Cole, M.D., from the Staff, to be Assistant-Surgeon, vice Foulis, appointed to the 3d West India Regiment.

25th Foot—Assistant-Surgeon E. I. Burton, M.D., from the 3d West India Regiment, to be Assistant-Surgeon, vice Sidney, promoted.

Rifle Brigade—Assistant-Surgeon J. Frazer, M.D., from the Staff, to be Assistant-Surgeon.

3d West India Regiment—Assistant-Surgeon A. Foulis, from the 20th Foot, to be Assistant-Surgeon, vice Burton.

Hospital Staff—Surgeon J. W. Watson, M.D., from the 63d Foot, to be Staff-Surgeon of the First Class, vice M. W. Kenny, who retires upon half-pay.

To be Staff-Surgeons of the Second Class—Assistant-Surgeon W. C. Humfrey, from the 85th Foot; Assistant-Surgeon A. Smith, M.D., from the 1st Dragoon Guards; Assistant-Surgeon A. W. Murray, from the 96th Foot; Assistant-Surgeon A. H. Cowen, from the 46th Foot; Assistant-Surgeon G. Ferguson, from the 60th Foot; Assistant-Surgeon W. Linton, M.D., from the 66th Foot; Assistant-Surgeon J. Malcolm, from the 72d Foot; Assistant-Surgeon J. B. Gibson, M.D., from the 17th Light Dragoons; Assistant-Surgeon D. C. Pitcairn, from the Staff; Assistant-Surgeon J. Edmondson, from the 30th Foot.

To be Assistant-Surgeons to the Forces—A. P. Lockwood, gent., vice O'Hara, deceased; G. T. Galbraith, M.D., vice Oakes, deceased; T. Cowan, M.D., vice Hall, appointed to the Royal Canadian Regiment.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Sept. 12,	74	57.5	29.800	
Monday	13th,	67	57	29.776	
Tuesday	14th,	73.5	57	29.850	.020
Wednesday	15th,	73	57	29.650	.095
Thursday	16th,	66	53.5	29.750	
Friday	17th,	65.5	47	29.924	
Saturday	18th,	64	54	29.878	.003

JAMES ADAMS,
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ABSTRACT OF THE LECTURES ON GENERAL PATHOLOGY AND THERAPEUTICS,

DELIVERED AT THE FACULTY OF MEDICINE, PARIS,

BY M. ANDRAL.

By M. MONNERET—No. VI.

Of the Blood, in Congestions and Hæmorrhages.

NUMEROUS divisions of hæmorrhages have been established according to the cause of the affection, and the accompanying symptoms. Thus the phrases active and passive have been applied to hæmorrhages, with the view of designating certain groups of symptoms which accompany certain cases. I shall presently state how we are to interpret these expressions, which are perfectly accurate if taken in their true sense.—If we exclusively regard the composition of the blood, we may establish the following divisions:—1. There are some cases in which no alteration can be detected in the blood. 2. There are others in which the quantity of the globules solely are increased; the fibrine remaining natural: the alteration resulting from a disturbance of the equilibrium between the fibrine and the globules. 3. It may occur that the globules are diminished in quantity—a lesion which can only occur where decided anemia succeeds to plethora. The hæmorrhage, which was an effect of an increase of the quantity of globules, becomes the cause of a diminution of the quantity of the globules. 4. The quantity of fibrine may decrease, and the amount of the globules at the same time remain stationary or be increased. In this case the effects of the diminution of the fibrine will be so much the greater the more the quantity of globules is augmented. In a case of scarlatina, accompanied with pulmonary apoplexy, the fibrine fell to 2 in 1000 parts, which was not remarkable, but the globulas increased to 133.5. A rather rare case is where the fibrine increases, which occurs in hyperemia that leads to inflammation. Such hyperemia is accompanied by conditions other than those of simple disturbance of the circulation. It contains the elements of the future terminations of inflammation.

Hæmorrhages and congestions may depend on a simply local or on a general condition. The cause of local hæmorrhages must be sought for in the living solids. Sometimes it is an obstruction to the free return of the blood from the branches towards the trunk, as in diseases of the heart. Sometimes a local stimulus is the cause, as when a foreign body enters the conjunctiva, and causes an effusion of blood, which is quite unconnected with the composition of that fluid. I think the stimulus of inflammation may also cause hæmorrhage in a purely mechanical way, by obstructing or augmenting the rapidity of the course of the fluids. It is not always easy to say whether a hæmorrhage depends on a local or on a general cause: a hæmorrhage often seems to be the result of a mere local condition; but on an attentive examination we discover that it is connected with an alteration of the blood. Some intractable hæmorrhages cannot be restrained by mere local means, but obstinately re-appear until suitable general treatment is employed. Constitutional hæmorrhages sometimes deceive us, and are supposed to be merely local, until their appearance at several points show their nature. The same may be said of congestions. We would commit serious errors if we attempted to treat all these affections by local means; for some being but the result of an alteration of the blood, can only cease under the influence of general treatment: others should be met by local treatment, directed against the alteration of the solids whence they originated. It is only by possessing a thorough knowledge of the true causes of congestions that we can succeed in establishing their true

treatment; and the doubts, obscurities, and errors existing in ancient and modern books arise from ignorance of the alterations of the blood, which cause hæmorrhages and congestions.

Plethora is a very common cause of hæmorrhage and congestion; these affections also occur, but more rarely, in anemia. In the first case, the quantity of the globules of the blood is increased, and in the second it is diminished. I have said that congestions and hæmorrhages are rare in chlorosis: they do, however, occasionally occur in that disease, and in all morbid states accompanied with great atony, which causes much obstruction in the circulation, and prevents the blood permeating the capillaries freely.—We see females, whose catamenia are every month too copious; pale, feeble, and anemic, because of the immoderate menstrual flux. Observation tells us that if we here give iron freely, we restore strength and cause the hæmorrhage to lessen or cease. These cases present two kinds of hæmorrhage conjoined: the one active, the other passive. At the commencement there was plethora, or in other words an augmentation of the globules, which caused the hæmorrhage, or at least rendered it so abundant; but soon the hæmorrhage became passive, and accompanied with symptoms of debility, when the plethora and augmentation of globules were replaced by anemia and diminution of globules. Here, then, were two perfectly inverse conditions succeeding to each other, and the one producing the other. Before we were aware of the nature of the alteration of the blood peculiar to each condition, it would have been difficult to determine the mode of production and the true cause of these hæmorrhages. I do not wish to imply that these matters escaped the observation of the ancients: their division of hæmorrhages into active and passive remains to attest their extraordinary powers of observation, which some would fain believe is peculiar to modern authors.

The congestions and hæmorrhages that result from a diminution of fibrine occur in persons whose blood coagulates with difficulty, and forms a soft clot divested of buffy coat. The physical properties of the blood in this case are in accordance with those revealed by chemical analysis. The hæmorrhages proceeding from this origin occur in the pyrexiæ in which the fibrine is deficient, in the fever of Wherloff, in scurvy, typhoid fever, and especially in the great typhous epidemics, in the plague, and in yellow fever.

We may now inquire whether the old phrases, active and passive hæmorrhages, are really of importance as connected with the alterations of the blood. Active hæmorrhages and congestions may be produced by a local stimulus; but they may also be caused by an alteration of the blood, which consists in an augmentation of the quantity of the globules. Over-activity of the functions, vitality of all the tissues, depends on an augmentation of the globules: thus plethoric persons are exposed to the hæmorrhages called active. Passive hæmorrhages and congestions have, like the former kind, their origin both in the solids and in the blood. The pulmonary congestions, so often occurring towards the last periods of life, at the termination of diseases which produce a gradual debility of the entire economy, are most frequently solely caused by a diminution of the vital properties of the tissues. It is not then astonishing that the fluids, and especially the blood, which no longer traverse their canals with their usual regularity, should finally become effused and stagnate in the organs. These congestions must be carefully distinguished from those hæmorrhages, which are also passive, that depend on an alteration of the blood—such as the congestions that occur in bad fevers. The ancients, who paid great attention to the condition of the blood in these fevers, called the alteration in question dissolution of the blood. Huxham is one of the authors who has most carefully studied this question. It will not be uninteresting to lay before the reader the researches of the English physician, and compare them with the recent investigations respecting the alterations of the blood. We shall find in them important truths mingled with some errors.

Huxham commences the study of fevers by the history of the simple fever, which is solely caused by augmentation of the action of the solids on the fluids, and the re-action of the fluids on the solids. He supposes three cases in which the cause acts in the manner indicated. The first, where a healthy person takes violent exercise; an energetic reciprocal re-action of the solids on the fluids is then set up. In the second case the quantity of the humors is augmented, as when a person while perspiring is exposed to a sudden chill. Nature in this case endeavours to expel the superabundant humors. The third case is that of a person who has drank too much vinous or spirituous liquors: a simple fever is then produced, which soon yields to rest and abstinence. But sometimes the blood is too violently agitated, and the red globules penetrate vessels not naturally destined to receive them; whence occur the obstructions so common in fevers. The treatment which Huxham thought preferable to all others was venesection, "which, by diminishing the quantity of red globules, lessened the motor power." This idea that venesection diminishes the quantity of red globules is perfectly accurate, and it is curious to find that the recent analyses of the blood are in perfect accordanee with the preconceived notions of Huxham. I have already said several times that in plethora the globules are augmented, and that venesection is the best remedy in that condition of the blood, as it acts by lessening the quantity of the globules, and affects the amount of the fibrine very slowly. When Huxham wrote, the analyses of the blood were very imperfect, and the true composition of that fluid was unknown; but, on the other hand, microscopic investigations of the fluids were much practised, and men's minds were full of the discovery of the globules made by Leuwenhoeck; thus all the theories of obstruction, of error loci, of the various orders of vessels and globules, originated at that period. Huxham, like every one else, gave in to the dominant idea of the age. He admits three great alterations of the blood: the two first are what he calls constitutional conditions of the blood; the third is the state of dissolution and of putrefaction of that fluid.

1. The first abnormal modification of the blood is that in which the globules are augmented in quantity, pressed one against the other, and too compact or too dense; thence, according to Huxham, results a greater density, a greater viscidity of the blood, together with a greater disposition to solidify when drawn from a vein. He says he has especially observed that condition in persons of robust constitution, of strong fibre, who take much exercise and are well fed. He supposes that the vessels are very strong and elastic, that they impel the blood with more energy, that the friction of the blood is greater than natural, and that finally more heat is generated. The more fluid parts of the blood pass to the state of vapour, and that fluid then becomes more viscid, and at length cannot permeate the vessels; whence arise obstructions. He attributes the thick gelatinous crust, which is called the pleuritic coat, to the heat of the fever, which tends to coagulate all the serous part of the blood and convert it into jelly. The structure so laboriously built up by the English physician is prostrated by the recent analyses of the blood. We are still ignorant of what alterations the globules sustain, despite the most

careful and minute microscopic examinations of the blood. As to the influence exerted on the production of fever by the friction and rapidity of motion of the globules, this is purely a mechanical and imaginary idea. Huxham explains hæmorrhages by supposing that the globules rupture the small vessels.

2. The second morbid constitution of the blood is characterised by a diminution of the red globules, whose texture is lax, and by a predominance of water. The phenomena depending on this state of the globules are, pallor, debility, inmperfections of the secretions, and dropsies. Obstructions subsequently set in, not of an inflammatory kind, but cold obstructions, arising from the vessels being insufficiently excited, whence the blood stagnates in the interior. Passive congestions are thus formed. The diminution of the globules, theoretically admitted by Huxham, is now known to really exist by the analyses mentioned in these articles. It occurs in chlorosis, anemia, and the cachexias consecutive to chronic diseases.

3. Dissolution of the blood occurs in scurvy, which may be considered as the type of this alteration.—Hæmorrhage and adynamia are its principal phenomena. The clot of the blood is a soft diffluent mass, without buffy coat. The serum separates very imperfectly from the clot: blood taken from patients affected with petechiæ and ecchymoses, consists of an uniform, half-coagulated mass, of a livid and darker colour than ordinary, and readily putrefies. Huxham thought that hæmorrhages most frequently arise from an acridity of the humours, which destroys the texture of the blood and corrodes the extremities of the vessels. He even unhesitatingly attributes them to the too lax texture of the red globules, which are not sufficiently condensed by the action of the heart and arteries, and finally break down. Huxham says that if we examine the blood in the vessels we shall see the globules elongated to enable them to permeate the smaller vessels. He admits, hypothetically, that the globules may be broken in their passage, and that their fragments then readily enter the excretory tubes and exude, as is seen in urinary and intestinal hæmorrhages. Petechiæ and ecchymoses also occur from the broken globules entering the serous arteries and exhalants, where they are arrested and produce discolourations. The petechiæ of malignant fevers, the fuliginous sweats, the dark urine with livid sediment, the coffee-like matter seen in some urine, are formed by the blood dissolved in that fluid. Dissolution of the blood may occur to a moderate degree in some cases, as when the catamenia are immoderate in quantity. This condition of the blood is compatible with health; but if carried to a greater extent, we have disease characterised by debility and hæmorrhage. Dissolution of the blood may occur merely as accompanying another disease. Thus, for example, we may meet pneumonias in which the blood presents no buffy coat. Huxham mentions an epidemic in which pneumonia was accompanied by petechiæ and hæmorrhages, in addition to the peculiar symptoms of the disease; he designates it as epidemic peripneumonic fever; it attacked prisoners and sailors congregated in large numbers; the blood when abstracted by venesection was soft and without consistence, while that taken from patients labouring under common pneumonia was dense, consistent, and presented the buffy coat.

The causes of dissolution of the blood are some, altogether spontaneous, and others the consequences of some poisonous agent having entered the economy. Huxham ranks amongst these last, the alcaline salts, muriate of ammonia, which destroys and dissolves the globules in a few minutes, laurel water, the bites of venomous serpents, mercury, and salt, and half putrid provisions. He is disposed to think, that this latter causes the petechial fevers, the dysenteries, the hæmorrhages and the scurvy, so frequent on shipboard amongst sailors, who have been long fed on meat salted, and sometimes half putrid. The study of the alterations of the blood leads to the belief that in all those cases the quantity of fibrine is diminished proportionally to that of the globules; complete and protracted abstinence may cause the same alteration, though more usually it causes anemia. A high temperature has been supposed to be sufficient to cause dissolution of the blood. Boerhaave speaks in his chemistry of an experiment performed on a dog: the animal was confined in a sugar baker's oven; as the perspiration became more copious, various hæmorrhages occurred, which the author regarded as evidence of dissolution of the blood. He thought the high temperature of certain climates might act in a similar manner, though less energetically, and might impress a peculiar character on diseases. Huxham regarded Boerhaave's experiment as an irrefragable proof of the deleterious influence of an elevated temperature. More exact experiments would be requisite to warrant this belief; but we may affirm in common with all ancient and modern observers, that fevers with symptoms announcing dissolution of the blood, are more common in warm climates; that the alteration of the blood claims all the attention of the practitioner, and requires a special treatment which has been admirably indicated by the ancients.

Infectious and contagious miasmata should be numbered amongst the causes capable of producing diminution in the quantity of fibrine. Huxham does not consider them as necessarily exerting this influence. He thinks that the blood must be first modified in a certain manner, in order to receive their influence; this explains the difference of symptoms, which are sometimes inflammatory, sometimes typhoid or ataxic.

There is another series of causes which originate in the system itself; pus is such an agent, as are also putrid blood and flesh. Gaspard performed experiments to illustrate the deleterious influence of septic liquids on the economy; which were frequently repeated and strengthened by pathological facts. Most of the poisonous agents which we have mentioned are still at the present day, regarded as capable of profoundly influencing the composition of the blood; they chiefly act by changing the proportion of the fibrine relatively to the red globules, either by diminishing the fibrine or augmenting the globules absolutely. If we abstract from Huxham's observations what is purely hypothetical, we shall be astonished to find a number of curious facts, which so far from being weakened, are confirmed by our present chemical knowledge.

Of the Blood in Fluxes.

Whenever a large quantity of organic matter escapes from the economy, the blood is impoverished. Such obstruction may be effected by copious perspiration, or by the urine as in diabetes. A flux may be regarded as a dropsy, in which the liquid, instead of accumulating in a cavity, finds issue externally. What I have to say of dropsies may be applied to fluxes.

Some dropsies are quite unconnected with the state of the blood; as those caused by an obstruction to the circulation, or by an inflammation. Other dropsies may be generally considered as a consequence of impoverishment of the blood, which fluid is then supposed to contain a larger amount of water than is natural. From the observation of symptoms, a dropsy from plethora, and another from anemia have been admitted. In the first, all the elements of the blood, especially the globules are augmented in quantity.

The cases in which plethora causes dropsy have been exaggerated, those that have been cited were probably complex cases in which the diagnosis was inaccurate. Without altogether denying the existence of dropsies caused by plethora, we should reserve our opinion on this matter until it has been investigated by persons accustomed to carefully investigate all the organs, especially the kidneys.

Are there any dropsies caused by anemia? It is necessary to distinguish several kinds of anemia. 1. Ordinary anemia, where there is simple diminution of the globules. 2. Aggravated anemia where the globules and also the fibrine is diminished. In chlorosis which is an anemia of the first kind, dropsy occurs very rarely, however aggravated the disease may be; thus we do not find it occur in cases of chlorosis where the diminution of the globules is very great, where they have, for example, fallen to twenty-seven. In some cases there is puffiness about the ancles or of the face, and tumefaction of the eye-lids, but we never meet with dropsy, which sufficiently proves that a mere diminution of the quantity of the globules is insufficient to produce that affection. In anemia occurring in the male, dropsy is as rare as in the female. Simple pulmonary phthisis; organic diseases of the stomach cause diminution of the globules, but never produce dropsy, and whenever that affection occurs, we must always seek its cause elsewhere than in these organic affections. It is seldom that we shall not discover some one of those lesions, of which serous effusion is an ordinary consequence. I had very recently an opportunity of observing this fact in a patient at La Charité; he laboured under pulmonary phthisis, and in addition, there was considerable anasarca of the lower extremities, and cellular tissue of the abdomen; I at once declared that the disease of the lungs was not the cause of the dropsy, and an investigation of the urine shewed that the kidneys were diseased.

Dropsy occurs in cases where it is difficult to determine its precise cause. We see it in persons labouring under cancer of the uterus with metrorhagia, and in children that have lost much blood; doubtless copious loss of blood diminishes the globules, and the other constituents of the blood; but, I repeat, this modification of the blood is insufficient to explain the occurrence of dropsy, as that affection is rare in chlorosis, where the globules are nevertheless so remarkably diminished. We may solve the difficulty by saying, that the diminution of the globules has been rapidly effected, and that this is the cause of the dropsy; or the rapid diminution of the albumen, may be also appealed to. In fact, this rapid modification of the qualities of the blood does not occur in chlorosis. The subject, however, is too obscure to enable us to give an opinion on the causes of these kinds of dropsies.

In some cases where nutriment has been insufficient and of bad quality, in famines, for example, it is not rare to meet dropsies. M. Gaspard has observed them in the inhabitants of a district, who had been in want of food during a terrible famine, and had been compelled to live like the beasts, on whatever herbaceous plants and roots they could procure. The alteration of the blood here must have been something else than diminution of the globules, as otherwise there would have been chlorosis.

When a large quantity of albumen escapes by the kidneys, dropsies occur; there is diminution both of the globules and of the albumen. We might incline to attribute the serous effusion to this latter modification of the blood, inasmuch as mere diminution of the globules will not account for it; but nothing certain is known on the subject. In a disease so complex as albuminuria, which is not as some authors maintain a simple nephritis, there is certainly something more than the mere alteration of the kidney; the blood is altered, but we do not yet know in what manner and how far it contributes to the production of the disease.

There are dropsies whose origin must be sought for in the solids; it is very common in tropical climates to see dropsy in persons who have been exposed to cold at night. We cannot say that these cases are connected with Bright's disease, as the urine was not examined by the practitioners who observed these cases; we know, however, that a chill is a common exciting cause of this malady.

A mere diminution of the quantity of the globules then, how considerable soever it may be, if it has occurred slowly, is not sufficient to engender dropsy. If the diminution is rapid, we can only say that there is a coincidence. If we admit that a diminution of the solid constituents of the serum, especially of the albumen, is the cause of some dropsies, we might take into account the following facts: 1. The serum obtained by applying a blister, contains less albumen than does the serum of the blood. 2. M. Dutrochet has shewn that in the phenomena of endosmose, it is the least dense liquid that traverses the denser liquid confined in a membranous sac; we might then ask does the diminution of the albumen of the blood in persons affected with albuminuria, allow the serum to transude more readily into the cellular tissue? the same might hold true in other cases of impoverishment of the blood. We may say, finally, that the phrase impoverishment of the blood is vague if we pretend to apply it to all dropsies, as dropsies do not occur in chlorosis in which the diminution of the globules and improvement of the blood is so considerable.

Accidental Products Contained in the Blood.

Tubercles, schirrhous and encephaloid matter are not the simple products of disease of the solids; they are very probably connected with a more general state in which the various fluids of the economy share; that general condition has been termed diathesis, which serves to express that the evil consists in a modification of which we are ignorant. Another modification consecutive on the first is cachexia, this is a more decided morbid state. In every age the cause of a diathesis has been sought in the blood. The ancients indulged in explanations, but at the present period we prefer an avowal of our ignorance respecting the nature of humoral alterations. What is above all things necessary to be investigated, is whether there is any modification of such and such an element of the blood, and what is the relation between the modification and the morbid product. Are the materials of the blood augmented, or diminished, or altered in quality? In the calcareous diathesis for example, we should examine whether the inorganic elements of the serum are modified, if in rickets the phosphate of lime is diminished, &c. These questions, which are connected with the highest problems of pathology, cannot be answered, till we possess precise analyses of the blood.

The last order of diseases in which we have to investigate the state of the blood, comprehends the nervous. In these diseases we may state generally, that the blood presents nothing appreciable. Great differences exist in the constitutions of persons affected with neuroses; but few of them are strong and plethoric, whence we might suppose, that augmentation of the globules is opposed to the production of the neuroses, while their diminution on the contrary, favours their occurrence. Slight muscular developement, pallor, an anemic constitution often coincide with the neuroses, and if they supervene upon them, the neurosis is exasperated. Should we thence con-

clude, that the diminution of the globules, which constitutes the alteration of the blood peculiar to these physiological and pathological conditions, is connected with the existing neurosis? Such a conclusion would be rash, for there are affections where the globules are diminished, and yet, no neurosis occurs. Nervous patients often present every appearance of plethora, but the analysis of their blood shews, that the globules are below par; this is false plethora, against which we must be on our guard, as otherwise, we might abstract blood which would be very badly borne. In such cases, however, the globules are never so much diminished as in anemia.

I have now terminated the exact relation of the important researches undertaken by MM. Andral and Gavarret; I have pointed out the numerous deductions, and the useful applications to pathology, made therefrom by M. Andral. The so long disputed question of fevers has thence received not indeed a complete solution, but much light has been thrown on several points of their history. Typhus fever from henceforth cannot be compared to a phlegmasia; the modifications of the blood so different in each, establish between them a clear line of distinction. Systematic authors who maintain that typhoid fever is an inflammation of the mucous membrane of the intestinal canal, of its follicles, or an ulcerative inflammation of the intestine are dissatisfied with the analyses of the blood, because they do not harmonise with their doctrine. This is, however, but a small misfortune for science, which has no concern with the opinions of this or that physician, but which simply announces facts, and submits them to examination. The new facts resulting from the new analyses of the blood can only be overturned by commencing these analyses anew, and shewing that the preceding ones were imperfect and faulty. Till then they will be admitted as true and valuable by all who are independent, and who have shaken off the yoke of exclusive doctrines. If it be asked how has the analysis of the blood been useful in the study of fevers; I reply that it has demonstrated the important influence exerted by the alteration of the blood in the production of the disease; this influence was already attributed by the ancients to the humors, who admitted the alteration of the blood, from the observation of the symptoms, and from an attentive study of the various circumstances attending these diseases: they rendered probable, the existence of an alteration, which does in point of fact exist, but whose real nature they were ignorant of. The founders of the humoral doctrine supported their views by arguments, by hypothesis, and by experiments more or less conclusive. We must acknowledge that in the absence of precise experiments, which their want of chemical knowledge disabled them from performing, they made most admirable use of the important facts which they collected from the study of symptoms, and the comparisons which they instituted between various orders of maladies evidently of a humoral nature.

Have we discovered the real nature of fevers, now that the alterations of the blood in these affections are better known? Do we know whether the humors, especially the blood, really constitute their initial point? Have we in a word, reached the principal, the first element of the disease? I shall attempt to answer these questions. The analyses shew that the alteration of the blood occurs very early in typhoid and in the eruptive fevers; it is appreciable at the first instant of the disease, and becomes more decided as the symptoms become developed; the alteration of the blood is then an essential element of the disease, but it cannot be regarded as its sole cause, or at least new facts are required before we can come to that conclusion. But we can, however, affirm that the alteration of the blood is a lesion, much more primitive, so to speak, than is the disease of the glands of Peyer. When that latter alteration was discovered, it was thought that the point of departure of the morbid phenomena was detected. Broussais, and the authors who have embraced his doctrine with some shades of modification, see nothing in typhoid fever but an inflammatory ulceration of the glands of the intestines; they regard that lesion as the origin of the disease; others add thereto some other morbid condition. The study of the alterations of the blood shews, in the most demonstrative manner, that there is something antecedent to that affection; that the composition of the blood is altered. Can we now definitively say, that the alteration of the blood is the cause of typhus? I think not, for I am convinced that we do not yet know the ultimate nature of that disease whose mysteries are so impenetrable.

These remarks, and I might add many to them, in my opinion shew that pathology is destined to receive most valuable light from the analytic study of the humors, especially of the blood. But we must guard against supposing that this study can be separated from that of the solids. We must repeat, with Bichat, that every exclusive theory, whether of solidism or humorism is a pathological contradiction; but it is also useful, for the progress of physiology and special pathology, to know what part these two great elements of our organisation take in the production of disease. Pathological anatomy has taught us a great many of the alterations of the solids, but as that science does not investigate the fluids, analytical chemistry must be called into its aid by means of examining the fluids; this latter study is much less advanced than the former, because it is of recent origin, and because its object being to ascertain molecular changes difficult of detection, it requires great dexterity and delicate manipulations which many are incompetent to perform.

The microscopical examination of the fluids and solids is the indispensible complement of the two orders of investigation above indicated. This method of investigation has already yielded signal services, and it is easy to see that it will render many more. We may reasonably anticipate immense results from the concurrence of these three modes of investigation, and when physicians shall have become familiar with them, when they shall become able to employ them all in turn, then doubtless shall be revealed new truths, facts of a new order. It is to be desired that physicians will contemporaneously exercise themselves in the physical, chemical, and microscopical examination of the tissues and humours, for they only make important discoveries by the simultaneous employment of these three orders of research, which unfortunately are not all equally familiar to them. The chemist and microscopist are now daily called on in aid of some special pathological research; from this concurrence of several persons, some valuable discoveries have already resulted, but we may aver that much more remarkable results would follow if the physician could himself institute all the investigations necessary for the investigation of certain questions. This indeed will scarcely be disputed, and if it were necessary to adduce examples in proof of the assertion, we might cite many observers, who, possessing one only of those talents have never succeeded in making even a single capital discovery, because they employed a single method of investigation. If it be asked is it possible for a single physician to possess the knowledge indispensible for the investigations in question, I do not hesitate to reply in the affirmative. Chemical analysis alone presents any difficulty, if in any case it was necessary to perform the delicate manipulation of elementary analysis, knowledge not commonly possessed

by the physician would be requisite; but there are numerous analytical processes and experiments which can be performed with perfect success; to adduce a marked illustration of this, the alterations of the blood ascertained by MM. Andral and Gavarret, were detected by means of very simple processes; exact weighings with a balance, and some calculations sufficed to determine the quantity of the principal elements of the blood.

ACADEMY OF MEDICINE OF PARIS.

September 7.

Formation of Artificial Anus in Obstruction of the Intestine.

By M. Amussat.

M. Amussat, since his last communication to the Academy, has practised the operation three times. In the first case the patient laboured under cancer of the epiploon, which compressed the sigmoid flexure of the colon, and produced complete constipation. M. Amussat formed an artificial anus in the ascending colon, according to Callisen's method, and gave exit to the fœces: after some time the fœces were passed by the rectum.

The second patient, aged 50, was constipated 40 or 50 days in consequence of cancer of the upper part of the rectum. The operation was performed on the descending colon, and gave exit to a large quantity of fœces. No symptoms of peritonitis followed, but the patient died on the 10th day from the progress of cancerous disease.

The third case was that of a man aged 47, whose bowels suddenly became constipated, the health having been previously excellent. No symptom indicated whether the obstruction was situated in the large or small intestine. M. Amussat, therefore, though most unwillingly, performed Litre's operation, and opened the anterior surface of the cœcum. The patient, who was exceedingly exhausted at the time, died in 24 hours. On examination, the colon was contracted at the junction of its transverse and descending portion. The contraction seemed due to the presence of a small bone of a chicken or partridge, which was found in that situation.

M. Amussat stated that the second patient, on whom he operated according to Callisen's method, was now alive, after a lapse of two years.

M. Gimelle praised M. Amussat for having revived Callisen's operation. He did not understand M. Amussat's motive for having adopted Litre's operation in a case where he had to search for the intestine in the cavity of the abdomen. Litre himself had operated under very different circumstances, for the intestine which he proposed to open projected externally, and presented itself, so to say, to the knife.

M. Amussat said the patient retained three enemata; it was, therefore, probable that the obstruction was very high up, and as it was impossible to determine the precise situation in which it was to be sought, it was right to operate at the highest possible point. The delicate point in these cases is to know when we should interfere. The patient dies if we do not operate: if we operate we expose ourselves to reproach, as M. Amussat well knew. One of M. Amussat's patients, however, was rescued from impending death by the operation, and was now after two years alive.

M. Velpeau said there were vast individual differences as to the time that could safely elapse without an evacuation of the bowels. He was especially struck with the fact that M. Amussat's patients passed fœces by the rectum some days after the operation. How could this be, if the intestinal canal was really obstructed? And if it was not obstructed why operate? M. Amussat mentioned one patient who remains well after two years, though affected with cancer of the rectum. How could it be conceived that the operation had lengthened life for such a period? Was the formation of an artificial anus a remedy for cancer?

M. Velpeau continued to say that the difficulty of these cases was extreme, and that this difficulty continued notwithstanding M. Amussat's cases. When should we operate? This was an embarrassing question, and one that in some degree could not be answered, at least absolutely; for if the operation afforded some chances of prolonging life, it as unquestionably involved equal risk of shortening it. M. Velpeau only spoke at present of cases of cancer. As to contractions of the intestines depending on other causes, such as M. Amussat's last case for example, the operation was certainly indicated on principle; but then the precise seat of the stricture should be ascertained. Except when the seat of the obstruction was known, M. Velpeau thought that the operation now sought to be revived would be applicable in few cases indeed; and he thought that the reason why it had been hitherto so seldom practised was, because of the extreme rarity of the cases in which it was really indicated.

M. Amussat said the voidings of fœces per anum after the formation of an artificial anus was explained by Litre's observations; and in some cases it was easily understood that the cancerous mass might become softened and detached, and thus open the passage which it had obstructed. M. Velpeau had asked had the patient who lived two years been really affected with cancer. This could not be questioned, as the diagnosis had been confirmed by MM. Breschet, Recamier, Foville, &c. As to the question whether we should leave the patient to die, or perform the operation, M. Velpeau had left that important question undetermined; but probably few would be in future inclined to abandon their patient rather than give them the chance of the operation.

M. Lagneau perfectly comprehended the re-establishment of the natural passage of the fæces after the formation of an artificial anus. Once the fœces were evacuated by the operation, the irritation excited by their presence at the site of the obstruction ceases; the tumefaction of the parts subsides, and the canal of the intestine becomes again pervious.—*Gazette Medicale.*

ACADEMY OF SCIENCES, PARIS.

September 6.

On Subcutaneous Section of Muscles of the Eye, in some Cases of Amaurosis and in Entropion; and on the Substitution of Artificial Strabismus for Artificial Pupil.

By M. Petrequin, Surgeon in Chief to Hotel Dieu, Lyons

M. Petrequin, considering that strabismus in most cases is accompanied with imperfect vision, and also that muscular spasm is the cause of strabismus, and that the imperfection of sight is lessened when the contracted muscle is divided, thought that some cases of amaurosis might depend on muscular spasm, and could be remedied by dividing the affected muscle.

1st Case.—A labourer, aged 18 years, was affected with complete amaurosis of the left eye, which could not be referred to any of the usual causes of that affection. It was observed that in certain motions of the eye there was a tendency to deviation inwards; muscular spasm was thence supposed to be the cause of the imperfect vision; the internal rectus muscle was divided, vision was immediately improved, and after five weeks the patient saw as well with the left as with the right eye.

2d Case—A cotton-spinner, aged 17, laboured under almost complete amaurosis of the left eye, of long

standing, and for which no cause could be assigned. He could not count another person's fingers, or recognise a pair of scissars. In certain motions of the eye there was a decided tendency to deviation of the organ inwards. This case was operated on as the foregoing one was, with the effect of restoring vision almost completely.

Entropion, M. Petrequin states, often depends on spasm of the orbicular muscle. This most frequently occurs in the lower eyelid. In such cases subcutaneous section of the muscle is the rational mode of cure.

1st Case.—A labourer, aged 45, had complete entropion of the right lower eyelid, which was folded or rolled inward on itself in a concentric manner, precisely in the direction of the circular fibres of the orbicular muscle. The contraction of the muscle was sensibly felt by the finger, and was increased when the eye was exposed to light. The spasm was permanent. On 22d August, the eyelid was put on the stretch, by means of a forceps at its outer angle; a slender tenotome was passed in at the centre point of the inferior brim of the orbit, and the point pushed as far as the free border of the muscle (which is essential) and behind it. The entire breadth of the muscle was then divided. The result of the operation is not explicitly stated.

There are some cases on record in which strabismus was consecutive on organic alteration of the field of vision; the ocular deviation, in other words, was physiologically connected with the deviation of the axis of the pupil. M. Petrequin thought that where nature failed to produce this change, it might be effected by producing an artificial strabismus.

A miner, in consequence of an explosion, became affected with double opthalmia, cataract and pterygion of the right eye, and opacity of the two inferior thirds of the cornea of the left eye. The pterygion and cataract were successfully removed. On the 27th August, the superior rectus muscle of the left eye was divided, with the view of producing an artificial squint downwards, and thus making the transparent portion of the cornea correspond to the pupil.—The result of the operation was perfectly successful.

EXTRACTS FROM PERIODICALS.

MIDDLESEX HOSPITAL.

AMAUROSIS CURED BY IODIDE OF POTASSIUM.

H. Charlwood, aged 13 years, was admitted January 19, under the care of Mr. Arnott. He cannot distinguish, with his left eye, any object, and so complete is the loss of perception in this organ, that it is only where there is a bright light that he can distinguish the shade occasioned by the passage of the hand between it and the light. This pupil is more dilated than that of the right eye; and the iris, without being quite fixed, has but a very limited extent of motion, and that is sluggish. The vision of the right eye is good. The boy has a pallid appearance. He says that he has often been affected with pain in the head and the left side of the face. About two years ago he first noticed that when he looked at objects there appeared a little black spot, as it were, before the left eye, which partially obscured the object. This spot gradually increased in size until about three months since, when vision of the left eye was completely lost. On examining his mouth the teeth are found to be very irregular and crowded, owing to his not having shed any of his temporary molars or canines, some of which are decaying. He has occasionally had toothache. Some time ago a portion of bone came away from his upper jaw, and he pointed to the palate as the spot whence it separated, and where there is the appearance of a cicatrix.

Mr. Arnott remarked, that on inquiry into the causes of amaurosis in this case, with a view to determine the plan of treatment to be adopted, it was first of all clear that there was no evidence of local excitement, and that it was not a case requiring, and not likely to be benefitted by, mercury or depletion. It was probable, in the next place, that the amaurosis might be connected with the diseased condition of the upper jaw which had previously existed, and possibly did still exist, and the irritation from the presence, at his age, of temporary and permanent teeth at the same time. But, as the tongue was coated, it was advisable to get his stomach and bowels first into a freer state. Accordingly, until the 30th of the month, he underwent a course of alteratives and aperients, but without benefit to the sight.

February 1. Eight temporary teeth and stumps were extracted, namely, one canine and three molars from the upper jaw on the left side, one molar on the right, and three molars from the lower jaw.

February 6, and 8. No improvement; sees no better.

It was now determined, with a view to the possibly still existing diseased state of the bone or periosteum of the jaw, to put him upon a course of iodide of potassium and sarsaparilla. He was, therefore, ordered on the 8th to have a grain and a half of iodide of potassium, with two ounces of decoction of sarsaparilla, three times a-day.

15. There has been some improvement in the left eye during the last day or two; on trial this forenoon he distinguished when the hand was held up before him whether it was open or closed, and he discovered that three fingers only were extended. Continue the medicine.

22. A still further improvement; he says there is less thickness of vision.

27. Is slightly better; grinds his teeth at night. To have a scruple of compound jalap powder directly. Continue the medicine.

March 8. Distinctly better. Distinguished a black button on the grey ground of a waisteoat of one of the pupils.

11. Distinguished the colour of a sovereign from that of a shilling.

15. Recognised the colour of a blue flower in the button-hole of a gentleman's coat. Told the time by Mr. Arnott's watch after examining it for a little time, and holding it in various positions to the light. Has had soup diet; to now have meat. Continues his medicine.

April 1. Sight improving; can read the diet-card, but he complains of pain in his head to-day. Let his meat be changed for soup. Stop his medicine for a day or two, and let him have a compound senna draught directly.

8. Read, though with difficulty, in one of the religious tracts given by the clergyman to the patients. To go on with the iodide and the sarsaparilla. The pupil of the left eye is now of nearly the same size as that of the other, and the motions of the iris are almost as rapid.

May 4. The boy has for some time been able to read his Bible with facility. Discharged cured.—*Lancet.*

CASE OF CÆSAREAN SECTION.

Mr. Whitehead, of Manchester, has published in the *Medical Gazette* the details of a case in which he performed the Cæsarean section during the past year. The patient, Mary Anne Jones, was 39 years of age. She was married in 1825, at which time her stature was five feet one or two inches. In the years 1825,

1828, 1831, and 1833, she was safely and easily delivered of children, three of whom are still living. During her fourth pregnancy she became affected with severe rheumatic pains in the limbs and back, and especially around the pelvis, which continued and increased during her fifth pregnancy in the year 1834, her stature at the same time becoming evidently diminished. On that occasion it became necessary to deliver her with the perforater and crotchet. During the next four years, she was pregnant four times, and had premature labour induced at the end of the fourth month each time. She became again pregnant, for the tenth time, and many attempts were made to bring on abortion, but without success. During the last three months her health suffered considerably, and the pains in the back and limbs and around the pelvis, extending along the sciatic and crural nerves were very severe. About six weeks before the operation, she measured exactly four feet three inches in height, thus showing a diminution of nine or ten inches from her original stature.

On the 14th of August, 1840, labour commenced and on the following day, the operation was determined upon in consultation, and performed by Mr. Whitehead. The wound made in the uterus was about seven inches long, and happened to be directly over the placenta, which was torn through with the finger, and together with the child, extracted without the slightest difficulty. The uterus, the parietes of which, in its distended state, were not thicker than shoe leather, immediately contracted to the size of a childs' head, and its walls became about three quarters of an inch in thickness. The loss of blood amounted to about eight or ten ounces; it issued principally from the placenta, while being torn through. There scarcely was an oozing of blood from the divided edges either of the abdominal parietes or of the uterus. The woman bore the operation almost without a murmur, and said she had not suffered more than she would have done from two or three labour pains. The child which was alive and healthy, was extracted in less than two minutes after the first incision was made; and the whole operation was completed, and the patient in bed in twelve or fifteen minutes from the commencement.

The treatment which chiefly consisted in large doses of opium, need not be detailed. Under it the woman appeared to go on well for some time, but finally sunk and died on the thirty-third day.

"On inspecting the body 13 hours after death, the upper part of the wound, three inches in length, had healed by granulation. A small knuckle, the size of a section of a hazle nut, of the intestinum ileum, had insinuated itself between the edges at this part, but did not protrude beyond; its surface was covered with granulations. The rest of the wound was flabby; and the granulations, which appeared so luxuriant and healthy a week before, had become partially absorbed. A small cul de sac existed between the lower extremity of the cicatrix and the fundus uteri; this was in progress of being filled up by granulation. The incision into the uterus was at its fundus, and at this time one inch in length; both sides were studded with healthy granulations, a circumstance somewhat remarkable, considering the unhealthy appearance of the external wound. The womb was scarcely larger than it is usually seen to be in its healthy unimpregnated state. The external wound, as well as that in the uterus, was excluded from the general peritoneal cavity by a most complete barricado, formed by adhesion of the parietal and visceral peritoneal surfaces, imperforate at every point, and situated at a distance of from half an inch to an inch from the edges of the external wound. These adhesions were perfect on the fourth day after the operation, and I think earlier. On carefully dissecting away the peritoneum from the fore part of the pelvis on its inner aspect, a gush of well-formed pus flowed out from the side of the right psoas muscle. The cavity containing this fluid was within the sheath of the psoas magnus, and was traced forwards to the body of the pubis, and thence downwards to the cavity of the hip-joint, which was filled with matter of the same kind. The ligamenta teres and transversum were almost entirely absorbed; and the head of the thigh bone, and corresponding surface of the acetabulum, were denuded of cartilage, and quite carious. From the hip-joint the abscess had taken a course upwards, passing beneath the cotyloid ligament and periosteum, over the body of the pubis to its posterior aspect, the whole of which was also carious. The stomach, bowels, liver, and other abdominal viscera appeared healthy.

The following are the principal measurements of the pelvis in its dried state:—

External dimensions.

1. From one crista ilii to the other at their most distant points, $9\frac{3}{4}$ inches.
2. From one anterior superior spinous process to the other, $7\frac{1}{4}$.
3. Between the anterior inferior spinous processes of opposite sides, $4\frac{3}{4}$.
4. Perpendicular height from apex to base of os sacrum, 1 6-10ths.
5. From apex of sacrum to the top of the fifth lumbar vertebra, 3.
6. Anterior depth from the top of the symphisis pubis to a level with the tuberosities of the ischia, $3\frac{3}{4}$
7. Distance betwixt the ossa pubis at the junction of their rami with those of the ischia, 2-10ths.
8. Distance betwixt the rami pubis half an inch below the symphisis where the urethra passes out, 4-10ths.
9. Betwixt the inner limbs of the acetabula, $2\frac{1}{4}$.

Dimensions of the superior operture, cavity and outlet.

10. Antero-posterior diameter at the middle of the inlet on the right side, 1 2-10ths.
    Ditto left side, 7-10ths.
11. Ditto one inch posterior to this—right side, $1\frac{1}{4}$.
    Ditto—left side, 9 10ths.
12. Greatest antero-posterior diameter, 1 3-10ths.
13. From the body of the pubis, left side, to the sacro-iliac joint on the right, 3 2-10ths.
    Ditto on the opposite side, 3 5-10ths.
14. From symphisis pubis to the junction of fourth and fifth lumbar vertebræ, 2 9-10ths.
15. From the body of one os pubis to that of the other, $\frac{1}{4}$.
16. From the line of this last (fifteenth) measurement backwards to the junction betwixt the fourth and fifth lumbar vertebræ, 1 3-10ths.
17. Betwixt the plane surfaces of the ischia opposite the centres of the acetabula, 2 1-10th.
18. Betwixt the outer limbs of the foramina ovalia, 1 4-10ths.
    Distance betwixt their inner limbs, 3-10ths.
19. Betwixt the tuberosities of the ischia at their anterior extremities, 4-10ths.
20. Ditto at their middle, 1.
21. Ditto at their posterior extremities, $2\frac{1}{4}$.
22. Betwixt the spinous processes of ischia, $2\frac{3}{4}$.
23. From the apex of the sacrum (or rather from the large bone of the coccyx which is ossified to the sacrum) to the tuberosity of the ischium, left side, $2\frac{1}{4}$.
    Ditto, right side, 2.
24. Distance betwixt the point of os coccygis to the tuberosity of ischium, left side, 1 8-10ths.
    Ditto, right side, 1 5-10ths.

The first or large bone of the coccyx was joined to the apex of the sacrum by osseous union, so that the point of the coccyx only was moveable. This circumstance, together with the very considerable advance of the lower part of the sacrum, and the near approach of the tuberosities of the ischia to each other, reduced the outlet to a very small space. The largest circle that could be formed at this part, the sides of it impinging forcibly against the sacro-sciatic ligaments, which are at all times very unyielding, was less than an inch in diameter."

The child who was christened Cæsarina, lived nearly eight months: she died from an attack of fever succeeded by marasmus.

PARTIAL RUPTURE OF NERVES.

Mr. John Hamilton has published, in the *Dublin Medical Journal* for this month, an interesting paper upon the partial rupture of nerves. Mr. Hamilton's attention was first attracted to the subject by the following case:—"A gentleman, aged about 36, of nervous temperament, while in the effort of stooping to catch a lady who was falling, felt a sudden snap as if something had given way in the sacral region, accompanied with the most violent pain, and sudden weakness of the lower extremities, so that with great difficulty he got up stairs to bed. The pain shot round the ilia to the abdomen, and down the legs, more marked on the right side than on the left.—When I saw him a few hours after, he was lying in a contracted position in the bed, being unable to straighten the body without great aggravation of the pain. After some days' rest in bed, and active treatment, he got well."

Among several cases detailed by Mr. Hamilton, in illustration of his views, is the following:—

"Essy M'Mahon, æt. 33, residing at No. 3, Shoe-lane, off Townsend-street, came to me April 3d, 1840. Three weeks before, while wringing a heavy quilt with the hand in the utmost possible state of extension, bent back on the wrist, she felt something crack immediately above the wrist, and instantly experienced a numbness in the top of the fore-finger, and inside of the middle finger, and a sensation as if she had been stung by nettles; no pain was felt till bed-time, a pain then began from the tips of the fingers up the axilla, on the inside of the arm in the site of the nerves, so severe that she could not sleep; she had a spasmodic start in the arm. She went on in the same miserable way, with pain and sleeplessness, for eight nights.—She lost all power in the wrist and hand, and could not bend the hand or fingers. *The hand became as cold as ice*, except when friction was used, or on exposure to the fire. Three days after the accident she went to a dispensary, where, among other things, she was told to keep the hand quiet, which good advice she disregarded, and continued her employment of washing; but after a fortnight's suffering she could hold out no longer, being also utterly unable to do any work. A week after this I first saw her.

"The hand was powerless and hanging loose on the wrist, as in paralysis from lead: numbness in the palm and fingers, but not on the back of the hand; the fingers felt to her dead and cold. With the exception of a small painful ganglion at the radial side of the wrist, partly over the artery, a careful examination showed no injury to the bones or ligaments, or other structures of the part. But there was exquisite tenderness felt in the situation of the median nerve, about three fingers' breadth above the wrist, from which spot down the course of the nerve, towards the fingers, including about its lower fifth, the most violent aching pain was complained of. The hand was *blue and cold*.

"Regarding this as a partial rupture of the median nerve at the painful tender spot, and that the only chance of re-union was absolute rest, I placed the hand, enveloped in thick French cotton, on a splint, and secured it with a bandage. Great ease followed this treatment, and in a fortnight she was quite well."

The most prominent diagnostic marks of rupture of the nerves Mr. Hamilton classes thus:—

"1. A sense of something having given way, with unusually severe pain in the situation of the nerve.—This pain returning after a longer or shorter interval, and extending along the branches of the injured nerve, and sometimes attended with morbid sensibility.

"2. Paralysis of motion, and sometimes of sensation; and, where the injured nerve supplied the extensors, permanent spasmodic contraction of the flexors.

"3. Disturbance of the regulating power over the animal heat of the part, hence excessive coldness, with alternations of intense heat; a certain regularity in the periods of these alternations having been occasionally observed.

"4. Swelling of a dull-red during the warm or hot stage, and of a livid colour, mottled with red-lead coloured patches during the cold stage.

"5. That the continuance of these distressing symptoms is often extremely prolonged."

OBSERVATIONS ON PARALYTIC AFFECTIONS MET WITH IN CHILDREN.

By Henry Kennedy, M.B. L.R.C.S.I., Honorary Member of the Medico-Chirurgical Society.

(Read before the Obstetrical Society in November 1840.*)*

It is my wish to draw attention to paralytic affections of the extremities, as commonly met in infancy and childhood, because very little notice is taken of them in the works on the diseases of children, and because they appear to merit a good deal of attention.

Underwood is the only author who alludes to them at all, and that very briefly: in the last edition of the work by Dr. Marshall Hall, they are treated of at some greater length, though still it appears to myself not sufficiently so for practical purposes. It shall be my endeavour, then, to speak of them, such as I have frequently met them. The first, and probably the most common form of the disease, is the following: an infant at the breast is observed to have lost the power of moving an extremity, most frequently the upper: the mother states that it came on suddenly: that the child had been put to sleep in perfect health, but on awaking that it had lost the power of moving the arm. When you come to examine, you find the arm quite motionless: you may raise it, but the minute it is let go it will drop to the side. Nothing will induce the child to stir it, nor indeed do I believe it has the power to do so. If any bright object be held up the little patient will immediately stretch out the sound arm, but no coaxing will cause it to move the other. Should the lower extremity be affected, and that the child have been going about, it will lose the power of walking and sit the whole day quiet, making the other leg however do double duty, as far as kicking goes. I have sometimes seen the leg, in place of being paralysed, kept contracted and close to the body. The state of the affected part may, however, be very different from that described: in addition to being paralysed, it may be in a state of exquisite sensibility, which is shown if one venture to touch the limb, by the child crying: other parts may be freely handled, but not so here. It is well known that in many cases of infantile remittent fever the surface of the body is very sensible: indeed I have seen the same in the adult. It is owing to this sensibility the medical man is often consulted; but this will be spoken of presently.

The causes of this affection, at least those which can generally be made out, may be two fold: either derangement of the bowels or irritation of teething. It is well known that the former of these is the prolific source of the diseases of childhood, and among others it causes the affection more immediately under consideration: when you come to inquire, the bowels are commonly found either confined, or the discharges are unhealthy, and should neither of these be present, an examination of the mouth will generally give evidence of derangement, either by its increased heat or its vitiated secretions. The breath, too, is often characteristic. When none of those are present, there is a possibility that the teeth may be the cause. Some may be inclined to question the connexion between a deranged state of the bowels and the paralytic affection under consideration. The almost uniform result of treatment would, however, go to prove this point. Underwood attributes it to this cause: every one, too, must be aware of the extraordinary sympathies which exist even in the adult, between the intestinal mucous membane and the extremities; to say nothing of the child, where these sympathies are still more marked. Cramps in the legs, burning in the palms of the hands and soles of the feet, and numbnesss with weakness are often met with in the adult, depending upon intestinal derangement, as shown by the result of brisk purgatives in causing their removal. I have seen a case of paralysis agitans of the lower extremity at once put to flight by a dose of oil and turpentine. The following case is also worth noting. A young man, æt. about 20, was admitted into hospital with slight fever on him. It was found that on his way from London to Dublin, by sea, he had been much exposed to cold and wet, and had slept one or two nights on the deck for want of a better bed. His chief complaint on admission was of the right lower extremity, which on examination was found to be rigid and stiff: the muscles were all in a state of spasm, and unless with assistance he could not bend it: the tongue was furred, the pulse somewhat quickened, and the bowels had been confined for several days. Under the use of active purgatives, and liniments rubbed to the limb, this patient recovered in the course of a week. Now, if such are met with in the adult, much more may they be seen in the child, where the gastro-intestinal mucous membrane is in such a state of activity. One state more particularly is often met with in children labouring under remittent fever, and about which there would appear to be little doubt, as to its cause; I allude to a spasmodic state of the muscles at the back of the neck, owing to which the child lies so constantly with its head drawn back as every one must have observed: unpleasant feelings in the same part are often experienced by individuals labouring under dyspepsia.

It would appear from these considerations that there are sufficient grounds for supposing that the form of paralysis under consideration may be caused by a deranged state of the bowels. That the irritation of teething may also cause it, I have little doubt: every one must have met with cases of very high fever, convulsions, &c., put a stop to at once by scarifying the gums: now if irritation of the gums produce such effects, much more will it cause paralysis, though such an effect is not attributed to irritation generally. This, however, has arisen from not taking that extended view of the subject which it demands, but which I cannot enter upon here, more than by referring every one to his own experience in connexion with those extraordinary cases of paralysis met with in hysterical females. I am acquainted with a gentleman who loses the power of moving one of his arms, whenever he suffers from toothache, which he frequently does.

It has been stated before that the invasion of the attack is generally sudden: not so, however, its going off, though it sometimes disappears at once: it more commonly however occupies a period varying from three to ten days: in other instances it is much more tedious, so much so, indeed, as to become a truly serious affection; during the last year a case came to my knowledge, where, after an attack of infantile remittent fever, the child, which had been previously running about, lost the power over both lower extremities; some months elapsed before the power was restored. It is of course well known that it was under a paralytic state of the lower extremity, coming on too after infantile remittent fever, that the celebrated Sir Walter Scott laboured during his life, and which became so distressing to him towards its close.

It is also known that paralysis is not an uncommon effect of bad fevers in the adult. In still rarer cases the affection is permanent: the following case is an example of this. A child, æt. 6, was brought to me on account of walking lame. The mother stated that from the time the child began to walk, it had limped: several medical men had seen it but that it was no better. On examination the right lower extremity was wasted, and its temperature was evidently lower than the other. Nothing could be detected wrong with any of the joints,* except that they could literally be twisted in almost any direction. The diagnosis of this affection is of more consequence than might at first sight appear: indeed it was on account of this part of the subject that I ventured to bring it under notice at all. There are no less than five other affections, with any one of which it is quite possible to confound the one to which attention has been drawn, and from which it is quite necessary to be able to diagnosticate it. The first is disease of a joint, generally either the hip, knee, or ankle: the mother observes the child to become lame; and as it winces when the limb is handled, she thinks there must be disease, and the medical man is at once consulted; under such circumstances it is often not easy to give a decided opinion. When, however, real disease exists, there are usually symptoms which will point it out, such as swelling, severe pain confined to the joint, enlargement of the glands, heat of the part, and more or less of fever. Cases however will be met with where at first it is not possible to decide, and where it can only be done by time.

The second case is where a child is supposed to have met some injury, such as twisting the joint or receiving a blow. It is in such cases more particularly that the paralysis is likely to be complete; in several instances the mothers have thought that their child had received some injury from the nurse, and, as she can give no account of how the supposed accident happened, she is the more likely to be blamed; it is not to be supposed, however, that every case like this is the form of disease, which I have been endeavouring to describe. In the following instance a serious oversight was near being committed from supposing I had one of those cases of paralysis to deal with. A child about four years old was brought to me, labouring under a complete loss of power of the right lower extremity: as usual the account of the nurse was sufficiently obscure. The loss of motion had lasted five days, and as there had been some swelling at first, some vinegar and brown paper had

* Since this paper was read, a similar instance came under my notice; there appears to be some reason for supposing such cases to be congenital. Mr. R. Smith exhibited before the Surgical Society a number of cases where one extremity was not fully developed, and which corresponded with a deficiency of cerebral substance in the opposite hemisphere of the brain.

been applied. On examining the limb nothing appeared to be wrong, and I had set it down in my own mind as an instance of a form of disease which I had met with often before, when to my surprise I discovered that the tibia was broken mid-way between the ankle and knee: it came out afterwards that the child had been swinging a nursery chair, with which it had contrived to give itself such a blow as to break the bone, and that the nurse was afraid to tell what had happened. This was the only instance I had seen where the tibia was broken alone.

The third affection, which is liable to be mistaken for the one under consideration, is one which has been already described very briefly, by Dr. Healy, in the Dublin Hospital reports: this gentleman thinks that the paralysis in the cases described by him was owing to the patient having kept the arm for some time in the one position, as occurs in persons sleeping on a chair with their head supported by their hand: the number of cases of this sort which occur, whether arising in this or an analogous way, certainly sanctions this idea; he also speaks of it as being a very slight affection and universally yielding to electricity; some of these slight cases have come under my notice, but I have also met two instances where the affection has been permanent; in both it came on during childhood, and from the same cause; they had been out in the fields and fallen asleep in such way as to have the arm pressed upon; on awaking they found the arm asleep as it is commonly called; the sensation of pins and needles went off, but the extremity never required its power. Both individuals are now grown up, but the arm in each is both wasted and weaker. One of these gentlemen possesses extraordinary powers with the other hand, though the left one, in drawing. Many accidents which occur to the shoulder joint, even when no bone is broken or dislocated, are followed by a state of paralysis which sometimes continues for weeks, and in rare instances has been permanent.

The fourth affection which it is possible to confound with the form of disease under consideration, is when the paralysis depends upon disease of the brain or spine: it may appear strange that such a mistake should occur, and yet it has happened, and of course may again. It has not chanced to myself to meet with any case of this sort in the child, that is when the cause of the paralysis could have been mistaken; but one instance occurred in an adult, which was so remarkable that a few notes of it will probably not be considered out of place; for these I have been indebted to my friend Mr. Gordon.

A large powerful man, named Magrath, was admitted into hospital, where he passed through a mild fever; he was convalescent, and going about when he complained one morning of a sense of numbness and some loss of power of the right arm; he made no other complaint, nor did questioning him about his head or otherwise elicit any thing particular; it appeared most probable that he had pressed upon his arm in sleep, and so caused his complaint. This state continued for three days, during each of which he was more closely questioned about his feeling; he was still walking about: at the end of this period, and not till then, he began to complain of some pain in his head; owing to the previous loss of power of his arm, his first complaint of the head was actively treated; the pain, however, gradually increased; he subsequently began to wander, and finally became comatose, in which state he sank. On making a P.M. it was found that when the dura mater was thrown back, the brain in several places presented elevations, which, on more minute examination, turned out to be abscesses, of which there were at least 6 or 7, some capable of holding a walnut; none had actually reached the surface, though very close to it: this may explain the reason why head symptoms were so long absent, as it is well known that disease of the more central parts of the brain is often latent. Something analogous occurs in central pneumonia.

There exists still one other affection of which a considerable number of cases have occurred of late, and which there may be difficulty in distinguishing from the more trifling diseases, to which attention has been already drawn. I allude to cases of arthritis ending in suppuration: these are such formidable cases, that it behoves one to be much on their guard. It is curious, connected with these cases, that though some, probably most of them, run their fatal course in 24 or 36 hours, as I have often seen, others of them occupy a much longer period, contrary to what one might expect to occur during infancy and childhood. This is to be explained, first by the fact that the internal organs do not become engaged at all in the same proportion as in the adult, and secondly, that the parts attacked are very few. I have never either seen a whole limb affected in the child, though nothing is more common in the adult. It is not to be supposed, however, that they are the less fatal; almost in every instance the child is ultimately run down by the profuse suppuration. It is in cases where the disease is about to run a chronic course, that a mistake in diagnosis is most apt to occur: for here the symptoms at the commencement may be of the mildest description; probably, the following may illustrate the sort of cases I allude to. A child of one year old, and still at the breast, was attacked with infantile remittent, which lasted five weeks; during all this time the whole surface was exquisitely sensible; as the fever subsided this sensibility diminished in part; still, however, the lower extremities could not be touched, any attempt to do so being followed by violent screaming. One limb then regained its natural feeling, while the other became paralysed, but still very sensible. In this state it continued some days; at last swelling began to show itself at the upper part of the thigh, which soon involved the whole joint, and extended up the back towards the lumbar region. Fluctuation then became evident, and a very large collection of pus was given exit to by incision: a second in the neighbourhood was treated the same way. During all this time there was extreme irritability of the stomach, which, together with the fever and loss of rest, reduced the child to a shadow. In the progress of this case, which was a most embarassing one, I got valuable assistance from Dr. Evory Kennedy. It is rather more than a year since this case occurred; the child is still puny and delicate, the limb atrophied, and little if any attempt made to walk on it. I saw still more lately a case of a boy, æt. 10, who, after having passed through severe petechial fever, was suddenly attacked with loss of power and severe pain in one arm; for one day it appeared very doubtful whether this was not a case of purulent effusion into the joints, more particularly as there was evidence of effusion in the wrist joint. This case, however, got soon well.

Such are some of the forms of disease met with during infancy and childhood, and connected more or less with loss of power of the extremities.

On the treatment of the first form of paralysis, I have little if any thing to say. Whatever appears to be the cause of the affection, will of course get attention. The bowels will be improved when deranged, or the gums lanced when necessary: in this latter case some rare instances will be met with, where a simple or even a crucial incision will not give relief; in such the portion of gum over the tooth should be removed altogether. When remittent fever exists, after the bowels have been attended to, benefit will be derived from the administration of the alkalies

or their earths. The time is fast coming when this class of medicines will I believe be used more largely, and with different intentions indeed from what is now done. Within a comparatively short period we find Dr. Bright recommending the carbonate of soda in fever with irritable bowels. Dr. Graves, the chloride of soda in petechial fever, and Dr. Morrison of Newry, the hydriodate of potash also in fever. Acetate of lead is also very useful when there is much irritation, and where opium cannot be ventured on. When the fever has subsided, and there exists nothing but the local affection, more attention will, of course, be directed to it. Stimulant liniments, the cold douche, and electricity, or possibly better still, galvanism, will all in turn be found useful. Internal stimulants are also very useful: of these none will be found more so than the spirit of turpentine. Most children will take this medicine when combined with treacle.

It is not intended here to give it in such doses as would be purgative, but merely a few drops three or four times daily. When other means had failed, it would be right to give a trial to strychnine, though of course this should be done with caution Mercury pushed to salivation, would also deserve a trial, more particularly as it has proved very successful in the treatment of paralysis occurring in the adult, a detailed account of which may be found in the concluding observations of Mr. Colles' last valuable work.

ON THE EFFICACY OF THE SALTS OF PLATINUM IN SYPHILIS:

Extracted from Dr. Hœfer's memoir, by M. Donovan, Esq.

Some centuries have elapsed since gold was introduced into the treatment of diseases. Paracelsus first recommended it; but Fallopius brought the attention of practitioners more particularly to its efficacy in the cure of venereal affections. Since that period it has been employed with more or less success. The beneficial effects of one of the noble metals suggested a trial of another; and platinum was found serviceable in the same diseases as gold.

But the attention of the medical profession was never rightly drawn to the administration of platinum as a medicine until lately. A work has been recently published by Dr. F. Hœfer in which he investigates the properties, chemical, physiological, and therapeutic of this metal. The following are the chief conclusions at which he has arrived:—

1. The chlorides of platinum are poisons, the per-chloride in the dose of 15 grains; the chloro-platinate of sodium in double that quantity.

2. The chlorides of platinum are less poisonous than chloride of gold, or corrosive sublimate.

3. The per-chloride of platinum, in the state of concentrated solution, produces on the skin a smart itching, followed by a slight eruption on the part where it had been applied. Taken inwardly, it at first irritates the mucous membrane of the stomach, occasions headache, reacts upon the nervous centre, and exercises, through that medium, a peculiar alterative agency on the fluids of the body.

4. The chloro-platinate of sodium produces no local irritation on the skin. Taken inwardly it does not act on the nervous centre in so sensible a manner on the simple perchloride. It augments the urinary secretion in a peculiar manner.

5. The perchloride of platinum is a very efficacious remedy in the treatment of syphilitic diseases; and particularly of those which are of long standing and inveterate.

6. The chloroplatinate of soduim is more appropriate for the treatment of recent venereal affections: it is very efficacious in the treatment of rheumatism.

7. Platinum ought to be ranked in the class of alteratives, along with gold, iodine, and arsenic. It differs from mercury in acting only after previous excitement, and in not occasioning by its administration any of these injuries by which the use of mercury is occasionally followed. The salts of gold, which appear to be poisonous in much smaller doses than those of platinum, are efficacious, according to authors, only in certain cases of constitutional syphilis.

8. Platinum is preferable as an alterative medicine to both mercury and gold.

The preparations of platinum preferred by Hœfer are the bi-chloride and the chloro-platinate of sodium. The bi-chloride is prepared by dissolving platinum in aqua regia, and evaporating the solution to dryness. We must be careful to evaporate with a very gentle heat; for otherwise the bi-chloride will be decomposed, and the proto-chloride, or even metallic platinum, will be obtained.

The bi-chloride of platinum, whether solid or in the state of concentrated solution, is of a deep red colour: it is very soluble in water, and even deliquescent: it is soluble also in alcohol. One hundred parts of it consist of 58.22 platinum, and 41.78 chlorine.

The chloro-platinate of sodium is prepared by dissolving in water bi-chloride of platinum, along with very pure chloride of sodium (quite free from chloride of potassium) in proper proportions; evaporating the solution, and crystallizing. The crystals are fine transparent prisms of an intense yellow colour: they are soluble in alcohol or water. One hundred parts consist of 20.8 chloride of sodium; 60 bi-chloride of platinum; and 19.2 water.

The following are the formulæ prescribed by Dr. Hœfer:—

MISTURA PLATINI.

Take of bi-chloride of platinum one grain and a half. Mixture of gum-arabic four ounces, mix.—This is to be taken by spoonfuls within 24 hours.

UNGUENTUM PLATINI.

Take of bi-chloride of platinum 15 grains, extract of belladonna half a drachm, hogslard seven drachms and a half, mix.—It is to be used for frictions on indolent ulcers.

PILULÆ PLATINI.

Take of bi-chloride of platinum seven grains and a half, extract of guaiacum wood one drachm, powder of liquorice a sufficiency. Mix, and form 20 pills. One, two, three, or even four, to be taken morning and night.

MISTURA CHLORO-PLATINATIS SODII.

Take of bi-chloride of platinum four grains and a half, chloride of sodium (perfectly free from salts of potash), seven grains and a half, mixture of gum-arabic six ounces, mix.—To be taken by spoonfuls within the 24 hours.

INJECTIO CHLORO-PLATINATIS SODII.

Take of crystallised chloro-platinate of sodium half a drachm, decoction of poppy-heads eight ounces, mix.

This new gift of chemistry to medicine will no doubt, be duly appreciated by practitioners, and obtain a fair trial. When we consider the ravages occasionally caused by the use of mercury, the destruction of constitution, and the mutilations which its long continued use frequently produces, a medicine at once innocuous and effectual, and even useful in proportion as the disease is inveterate, must be a great acquisition in practice. Its efficacy in rheumatism, a disease over which medicine has hitherto had but little power, renders it a still more important agent. Should Dr. Hœfer's opinion "that platinum is preferable as an alterative to both mercury and gold," be proved well founded, he will be enumerated amongst the benefactors of mankind. Other researches are, no doubt, still necessary.

11, Clare-street.

CHIMNEY SWEEP'S CANCER.

TO THE EDITORS OF THE MEDICAL PRESS.

Fermoy, September 24, 1841.

GENTLEMEN—By giving insertion, in your influential journal, to the accompanying case, which occurred in the workhouse here, to which I am the medical attendant, you will very much oblige your obedient servant,

EUGENE O'NEILL.

John C., aged 55, was admitted 1st September; is a sweep by trade; a year ago perceived a wart on the inferior part of the scrotum, producing a ragged, ill-looking sore, with hard and rising edges, which he neglected to wash; this increased; the dartos, membranes of the scrotum, and testicles becoming distempered. From the ulceration which extended over the entire scrotum, issued a most fœtid, sanious discharge; the perspiration from the whole body had a most offensive smell. On admission the patient had most severe lancinating pains; the inguinal glands, however, were not diseased. Having proceeded to remove the affected parts, a long incision opposite the opening in the abdominal muscles, laid bare the spermatic cord, which was then divided; the spermatic artery was immediately tied; the same being done at the opposite side. Much difficulty was experienced in dissecting the diseased mass, which weighed near a pound, from the membranous part of the urethra, to which it was closely attached, without wounding the latter. The wound having been brought together by adhesive plaster, aided by a compress and T bandage, healed in a few days; the patient being able to leave the hospital on the 15th.

Many bad chronic cases are daily sent in from the dispensary districts to the workhouse, which has become a general hospital. The majority of these are ulcers of long standing, which speedily get well under the usual remedies, combined with rest, good food, and cleanliness—comforts to which these victims appear much unaccustomed

APPEARANCE OF CHOLERA.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—If there is any board to whose care the public health is committed, I wish to inform it, through the medium of your useful periodical, that Asiatic cholera has appeared within the precincts of this city. I have seen two cases within these three weeks, and both in the same neighbourhood. One case proceeded so rapidly, and had so far advanced in collapse when I saw it, that death was to be expected, and did actually take place in a few hours. The other case, I am happy to say, recovered, under the lead treatment, the value of which seems now to be well established, especially in the early stages of this formidable disease.

J. KIRBY.

64, Harcourt-street, Sept. 25, 1841.

DR. HASTINGS' DICTATORSHIP OF THE PROVINCIAL MEDICAL ASSOCIATION.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—In a letter which I found it necessary to address to you, on the constitution of the Provincial Medical Association, I showed by facts and documentary evidence, that the working of the representative principle with which we are told that body is thoroughly imbued, was at least very unsatisfactory, if not absurd. A reply to the animadversions which "some" have made on the constitution of its council, has since appeared in the acknowledged organ of the Association, in which it is attempted to be proved that the council is not too numerous, and that it is elected "strictly on the representative principle." This reply is written in a courteous and temperate spirit, very different indeed from that exhibited in a letter signed *Verax*, which appeared lately in the same journal. I regretted much to observe that Dr. Hastings should think it necessary, even in his own defence, to stain the pages of his journal with an anonymous letter, so meanly flattering towards himself, and so cowardly in its attack upon two members of the association. It is a fair specimen of the effusions which the unmanly tribe of "X. Y. Z." scribblers pour out, when safely shrouded in their congenial obscurity. Dr. Hastings would have boiled with indignation if a member of the association had entered the meeting at York with crape on his face and his coat turned, and had been permitted to address it in such language respecting himself as Verax has deliberately delivered in print to the whole body respecting Dr. Maunsell and your humble servant. As acting general secretary, Dr. H. is responsible for the proper conduct of the organ of the association; and for the credit of the latter, as well as for the sake of his own honour, he ought to un-earth the veracious skunk. Such agents and allies as Verax and the unhappy York secretary, who figured off in my last letter, do great harm.

Having made these remarks, I may be permitted to observe, that in the reply I have alluded to, the writer begs the question at the outset. He styles certain persons councillors, *ergo* they are councillors, a process of logic which would infallibly prove a poker to be a diamond ring. In attempting to show that the council is not too numerous, the writer enters into a detail of its duties, and proves very clearly that the individuals composing it are useful as collectors of annual subscriptions, or as the agents and correspondents of "the officers" *i. e.* of Dr. Hastings. He also makes it plain, that the councillors resident at Worcester must necessarily be the real councillors, because "the officers" reside there, an inference, however, which nobody will doubt, since every one knows it to be the fact. But there is no documentary or other evidence to prove that the 340 collectors, agents, or correspondents "of the officers" ever meet in council, or direct the general proceedings of the association. It is true, the York members transacted some business with Dr. Hastings, and two or three others, on the day before the general meeting, but the nature of that business has not transpired, except that a document was then agreed to, which was read on the next day as "the report of the council." The grave arguments brought forward to prove that such councils and councillors are manufactured on the representative principle, are surely written in a spirit of pleasantry. What, I ask the writer, would the House of Commons be, if the members were re-elected annually in one batch, without previously referring them to their constituents, as the members of Dr. Hastings' council are re-elected? What, if that honourable house had power to add to its numbers, as the 340 have? or what would be thought, if a few honourable members, say a dozen, were to transact the whole business of the country, and put forth to the nation such a luminous financial statement as the following?

The income amounts to ...	£1440	8	5
The expenditure amounts to ...	858	7	5
The balance is	£582	1	0

Which is, word for word, the financial statement of Dr. Hastings' council. If this be the "strictly representative principle," there is vast scope for Dr. Hastings' exertions as a parliamentary reformer. I fear, however, his efforts in that character would be

cut short, by his being quickly caught and stowed away in the cabinet of some political virtuoso, as a rare and unique specimen of the tribe.

I utterly disclaim any participation in the wish, (poetically attributed to "some") to guide the association "amidst shoals and sunken rocks." I think the association is worth keeping afloat; but surely, if even a cabin boy see breakers a-head, he may give notice of the same without having his nose pulled in the dark. Let the association seek a *bonâ-fide* union of the profession in an effectual system of self-government, such a system I mean, as will give the *practitioner in the remotest rural districts equal privileges* in the body politic with the Worcester councillor, or the metropolitan practitioner; in short, let it embody the principle of the Warburtonian plan in *a machinery so contrived, that it shall elicit the opinions of the majority simply, quickly, and efficiently*, (no great difficulty by the bye), and I will take my place before the mast, and pledge myself to stick to the ship so long as two planks hold together.

One cannot imagine what the London medical corporations are about, while these proceedings are going on around them, unless they think medical reformers are vast Ogres, who would eat them all up so soon as they got into the enclosure. It appears to me clear, that if a provincial physician can raise an association with only the semblance of self-government into the possession of an income of £1,440 per annum, the metropolitan corporations by admitting the excluded members resident in the metropolis, and provinces, to an equitable share of the government, might get an income of at least double that sum, or in round numbers, £3,000 per annum. It is equally plain, that a president of a college placed in the chair by the suffrages of 4,000, or 5,000 of his brethren, must be a much more dignified and honourable individual, than the man who mounts to office on the slippery and wriggling back of an intriguing clique, however learned he may be.

I am, Gentlemen,
Your's very faithfully,
T. LAYCOCK.

York, September 23, 1841.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 29, 1841.

CONTINUATION OF THE POOR-LAW COMMISSION.

As the administration of the poor-law in Ireland must exercise an influence of the most powerful nature on the condition of the medical profession, and the medical institutions of the country, we have not failed to attract the attention of our readers at all times to the subject, and we propose to continue to do so. In this day's publication we report a debate or conversation in the House of Commons relative to its operation, and probable future extent and continuance, which calls for some observations lest it should lead to false conclusions, and sway the opinions of our brethren prematurely. Sir Robert Peel is reported to have said that "in the main outlines and enactments of the Irish poor-law no change whatever was contemplated." This intimation the officials interested in the perpetuation of the present system of management of this department, will seize with avidity, and will use it to create an impression that their proceedings are approved of, and that their operations are to be permitted to proceed as heretofore. This impression, however, we must not allow them to make. We were, and we are prepared to understand that no change is contemplated in "the main outlines and enactments" of the law, but we are not prepared to expect that the details are to remain unaltered, or the tone, spirit, and manner in which the measure has been carried into operation, is to be continued in future. Of the necessity of making effectual provision for the relief of the destitute poor of Ireland, we are fully convinced, but we are firmly persuaded, that this is not to be effected by the present poor-law, as at present administered. In this opinion we are not singular, and are therefore encouraged to hope that while the "main outlines and enactments" are adhered to, their application may be greatly modified and improved. Let the course pursued relative to the general measure be what it may, we are firmly resolved to adhere to the course we have hitherto pursued, with respect to medical relief. The much admired "principle" may be, for aught we know, the most just, politic, and humane, in the world, in its application to the general wants of the poor, but to their medical relief it is utterly inapplicable, and we shall ever hold that any attempt to deprive the labouring population of Ireland of the right they have for fifty years enjoyed, to effectual aid in case of sickness must be resisted as unjustifiable, tyrannical, and inhuman. When the state undertakes to preserve the health or life of a subject, the means afforded must be unlimited, and the assistance given, the best that can be procured. We must have no "farming" of the sick, no "contracts" for wholesale doctoring, no providing of relief "on the lowest terms"; in fact, no deluding of the people by promises of relief, and then putting their lives in jeopardy by denial of that relief. If proper and effectual assistsnce cannot be afforded, if the expense be too great, let it be so declared and understood, in order that other resources may be resorted to, but let no deception be practised or false hopes encouraged. If general relief is to be administered in conformity with a preconceived fixed principle, medical relief must be afforded in conformity with a fixed principle also, and that principle we insist upon it, must be, that if the state undertakes the treatment of a patient with a view to the preservation of his life, every thing that can be done should be done, to effect that object, without consideration of expense, and the detestable doctrine lately avowed by Mr. Nicholls, should therefore be rejected with abhorrence, that medical relief should be extended rather with regard to the pockets of the rate payers, than the necessities of the case, or in his own words, that it should be had "on the lowest terms."

Mr. F. Shaw is reported to have said in the debate to which we allude "that he believed that the poor-law *as it was now working in Ireland*, would prove of the utmost benefit to the poor at the least possible charge to the other classes." With the greatest re-

pect we venture here to give Mr. Shaw a word of advice, now that his observations are likely to be quoted as of authority, and that is, not to deal in mere assertions or random opinions on such topics as this. If we recollect rightly, the same learned gentleman some time since used his influence in the House of Commons, to cushion discussion on some tender point of medical regulation, by this same method of assertion and opinion, at the same time very gravely assuring the House that he knew nothing whatever about the matter, and we feel inclined to suspect that his avocations have not permitted him to acquire much better information on the present subject. We should be greatly gratified to be made acquainted with the facts and arguments by which he proposes to justify this his eulogy of the present "working" of the poor-law in Ireland. We rather think that his native city of which he is Recorder, affords some evidence calculated to overturn his position. As a measure professed to be resorted to to suppress mendicancy, it has thoroughly and totally failed; a walk through the streets of the metropolis proves that, and Mr. Nicholls in his report admits it. In Dublin we admit that a great number of destitute people, and we believe we may add idle and lazy people, are accommodated with food and lodging, at an enormous expense to the over taxed citizens; but it is a melancholy fact which no candid man can deny, that the effect toward the diminution of pauperism and misery can scarcely be appreciated. No, no, Mr. Shaw, this matter is not to be dealt with thus by assertions and opinions, it must, to use the Duke of Wellington's surgical observation, be probed to the bottom. It must be determined before it is too late whether this boasted principle which has been applied with such triumphant success to England, is applicable to the very peculiar condition of Ireland, and it must be determined on some better authority than that of theory-ridden officials deeply interested in establishing the truth and correctness of their own views, and keeping out of sight every fact and reasoning calculated to support different opinions. Of the necessity of a provision for the relief of the destitute poor of Ireland, we are as firmly convinced as the most sanguine advocate of the "principle" of the present law, or the most enamoured admirer of its present "working," but we are not at all convinced that the provision about to be resorted to, is that best suited to the peculiar circumstances of a country in many particulars differing from every other in the world, and on this account we are most anxious to call the attention of medical men to the subject, who from the nature of their pursuits and the experience and information thereby acquired, are above all others, qualified to investigate its bearings, and to give a sound opinion regarding it.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, Sept. 16.—Council met.

Letters read from Dr. Colvan, of Armagh, Dr. Kingsley, of Roscrea, and Dr. Duigan, of Kilbeggan.

POOR-LAW INTELLIGENCE.

House of Commons, Sept. 22.—On the motion that the poor-law commission bill be read a second time,

Dr. Bowring said he trusted the right hon. baronet would at a future time be able to suggest such alterations and modifications as would satisfy all parties; that while economy was still kept in view, the bill would be made the instrument of removing as much suffering as possible, and of creating as much happiness as was consistent with the necessary control (hear). With these views he certainly should not object to the continuance of the commission.

Mr. Wortley said it was as little his intention as that of the honourable member who had just spoken to oppose any obstacles to the continuance of the commission. But he thought it was desirable for the right hon. baronet below him (Sir Robert Peel) to suggest some arrangement for enabling hon. members, who were desirous of doing so, to express their opinion. He trusted the right hon. baronet would appoint a day for that purpose.

Sir Robert Peel said that the proper time for discussion would be when the house resolved itself into committee. He had stated the other night that the proper way would be to give notice of an instruction to the committee to frame enactments corresponding with the views which might be entertained. He thought it would be for the general convenience of the house that that discussion should be taken on a more distant day than the present, and Friday next when the house would resolve itself into committee, would be the most fitting occasion. He would take this opportunity of correcting an erroneous impression which had gone forth with respect to the Irish poor law. It had been stated that in consequence of the change of government a material alteration would take place in that bill; as this impression tended to counteract the beneficial operation of the bill, he would state that in the main outlines and enactments of the Irish poor-law no change whatever was contemplated.

Mr. F. Shaw was not aware that any general impression existed in Ireland that the present government had any intention of altering the principles of the measure. He hoped it was not so, for nothing would do so much harm. He believed that the poor-law as it was now working in Ireland would prove of the utmost benefit to the poor, at the least possible charge to the other classes.

Sir H Fleetwood had always opposed the bill, and he wished the country should understand that the party who had formerly disapproved of the bill were still opposed to it.

Lord John Russell confessed he had heard with great satisfaction the declaration of the right honorable baronet, who had been a supporter of the Irish poor-law bill, that he did think upon the whole that the working of the act in Ireland had been attended with success. For his (Lord John Russell's) part, he had never supposed that the law could have been introduced into Ireland without being made, as had been the case with other laws, a matter for political excitement in certain districts. He found that his anticipations had been in certain instances realized; but he trusted that when the beneficial effects of a poor-law were felt in Ireland, political excitement would in a great measure subside, and that the law would be turned to the purposes for which it had been intended. He hoped that it would, though after the lapse of time, perhaps, contribute to the amelioration of the moral and physical condition of the Irish people.

The bill was read a second time and ordered to be committed on Friday.

House of Commons, September 24.—Sir James

Graham postponed the committal of the poor-law commission bill till Monday.

North Dublin Union.—At the weekly meeting of guardians, held on the 22d inst., the medical officers' report was read by the chairman. It stated that great injury accrued to the health of the children, in consequence of the fact of two nurses and two children sleeping in the same bed in the children's wards.

Dr. Duncan was called in.

The Chairman said that an order had been passed by the board that this should not be allowed.

Dr. Duncan said that it had been the cause of great mortality amongst the children.

The Matron was called in and examined. She stated that there were 20 nurses and 20 children sleeping in that ward at present, and there were 30 beds in it.

The superintendant of the ward was then called in, and stated that there were four beds in the ward, in each of which there were two nurses and two children sleeping.

After some further observations, the board ordered that the cause of complaint should be put an end to.

PROMOTIONS.

Military.—17th Light Dragoons—Surgeon E. Pilkington, from the 21st Foot, to be Surgeon, vice Dempster, who exchanges.

21st Foot—Surgeon John Dempster, M.D., from the 17th Light Dragoons. to be Surgeon, vice Pilkington.

23d Foot—Assistant-Surgeon E. Bradford, from the 56th Foot, to be Surgeon, vice S. W. Chermside, who retires upon half-pay.

43d Foot—Assistant-Surgeon C. Thompson, M.B., from the Staff, to be Assistant-Surgeon, vice Hume, promoted on the Staff.

88th Foot—Assistant-Surgeon J. B. St. Croix Crosse, from the Staff, to be Assistant-Surgeon, vice Dumbreck, promoted on the Staff.

96th Foot—Assistant-Surgeon R. de Lisle, from the Staff, to be Assistant-Surgeon, vice Murray, promoted on the Staff.

Hospital Staff—Assistant-Surgeon R. Battersby, from the 47th Foot, to be Staff-Surgeon of the Second Class.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Sept. 19,	64	54	30.010	.170
Monday	20th,	65	55.5	30.150	.010
Tuesday	21st,	65.5	55	30.000	.012
Wednesday	22d,	59	54	29.550	.075
Thursday	23d,	61	53.5	29.500	.165
Friday	24th,	61.5	51	29.500	.195
Saturday	25th,	61.5	50.5	29.400	.155

CITY OF DUBLIN HOSPITAL.

The course of practical Medical and Surgical Instruction, in this Hospital, will commence on MONDAY, the 22d of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Apjohn, Dr. Benson, Dr. Houston, Dr. Hargrave, and Mr. Williams.

Clinical Lectures on Diseases of the Eye will be given by Dr. Jacob, illustrated by the cases, both intern and extern, which the Pupils of the Hospital will be privileged to attend without additional fee.

Dr. Marsh, the consulting Physician; Dr. Colles, Mr. Wilmot, and Mr. Porter, the Consulting Surgeons; and Dr. Beatty, the Consulting Accoucheur, give their assistance in cases requiring consultation.

The Certificates of Attendance are received as qualification by all the Colleges.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The WINTER SESSION will commence on MONDAY, the 25th of OCTOBER, at ONE o'Clock, and terminate on the 30th of April, during which period the following Courses of Lectures will be delivered:—

Anatomy and Physiology, by	Dr. Jacob.
Practical and Descriptive Anatomy	Dr. Hargrave. Dr. Hart.
Surgery	Dr. Wilmot. Mr. Porter.
Practice of Medicine	Dr. Benson. Dr. Evanson.
Chemistry	Dr. Apjohn.
Materia Medica	Mr. Williams.
Midwifery, and Diseases of Women and Children	Dr. Maunsell.
Medical Jurisprudence	Dr. Geoghegan.

The Anatomical Demonstrations and Dissections are conducted by the Professors of Practical and Descriptive Anatomy, assisted by the Demonstrators, Mr. Dillon, Mr. Leeson, and Mr. Labatt.

The Session will commence with a course of Lectures on Comparative Anatomy, by the Professor of Anatomy and Physiology.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

Students are requested to commence their business at the beginning of the Session, and to be prepared to attend the Lectures regularly, as the Professors are determined to insist on punctual attendance.

By order,

C. O'KEEFE, Registrar.

TO MEDICAL STUDENTS.

Dr. Arthur Mitchell, Lecturer on Botany and Natural History in the Richmond Hospital School of Medicine and Surgery, will, in future, meet his Classes (for the convenience of Students) at the Medical Literary Institution of Messrs. Fannin & Co. Grafton-street, where—or at his Residence, 30, Harcourt-street—Students can apply for information relative to his Lectures.

A report having got into circulation that Dr. M. had gone to live in Peter-street, he begs to contradict it.

Dr. M. begs Students will observe, his Christian name is Arthur, his Residence, 30, Harcourt-street, and his Class-rooms are at Messrs. Fannin & Co.'s, 41, Grafton-street—entrance by the Shop—and that he has no connexion with any person of the same name in this city.

N.B. The Doctor has been engaged, as a private Teacher, for thirteen years; and Students are prepared by him for the following examinations, viz.:

M. B. Trinity College, Dublin, or University of London, (for which examinations there are separate Classes) Apothecaries Halls, Dublin and London—and for the Pharmacy examination, Royal College of Surgeons, Ireland.

ANATOMICAL LECTURESHIP.

To be disposed of, A SHARE in the ANATOMICAL DEPARTMENT of one of the private SCHOOLS of MEDICINE in this City.

For particulars apply to Fannin and Co., 41, Grafton-street; or at the Office of the Medical Press.

Dublin, 9th September, 1841.

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Wednesday, September 29, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXLIV.] DUBLIN, WEDNESDAY, OCTOBER 6, 1841. { PRICE SIXPENCE. STAMPED.

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors,

LECTURE XX.

Gentlemen—In my last lecture I gave you a short account of the rise and progress of *Asiatic cholera*, and I described, at some length, the *symptoms* of that formidable disease. I now come to consider its *pathology*, after which I shall examine the question *whether or not it was contagious*, and then proceed to the *treatment*.

In considering the pathology of cholera, the first question to be answered is—what were the *post-mortem* appearances? What light was the morbid anatomist able to throw on the nature of this painfully interesting disease? Every organ in the body has been carefully examined, and each has, in turn, presented some morbid appearances, yet not enough to satisfy the investigator. The brain, the spinal marrow, the semilunar ganglia, the liver, the stomach and intestines, the blood, and even the heart, have all had their advocates for supremacy, as to the part they played in this fearful tragedy.

Mr. Orton says that he pretty uniformly found, on dissection of cholera patients in India, that the internal organs were much gorged with blood, especially the stomach, the mesentery and the lungs; that the stomach exhibited extensive patches of a crimson colour, usually confined to its inner coat; that similar appearances were observed in the intestines, particularly in the small, where they were very extensive; and that their extent was in proportion to the duration of the case; that the bowels contained nothing but a dirty whitish mucus, resembling conjee or thick barley water, without the slightest tinge of bile; that large portions of the colon were found contracted, so as with difficulty to admit the finger into their cavities; the gall bladder contained the natural quantity of bile, the ducts being pervious, and readily permitting the fluid to be pressed through them into the duodenum; the urinary bladder was always found contracted, without a drop of urine, and only smeared on its inner surface with whitish mucus; the veins of the brain were much distended with black blood, and the minute arteries of the membranes were frequently found distended, especially in protracted cases.

Mr. Annesley, who has written so much and so well on the diseases of India, noticed the following *post-mortem* appearances:—In a native, who died after a few hours' illness, he found the small intestine, in many places, of a thickened pulpy appearance, and of a darkish pink or flesh colour, inflated with air, and greatly congested; the stomach presented similar changes; the colon was contracted, without congestion or discoloration; the lungs were collapsed and condensed, of a black colour on both sides, resembling a piece of bruised flesh, and, when cut into, bled profusely; the heart contained black blood throughout; the meningeal arteries and veins were exceedingly turgid, both in their trunks and branches; the arteries of the brain were highly injected, and the veins distended with black blood; upon the middle of each hemisphere there was a kind of gelatinous effusion; six ounces of watery fluid were found between the membranes, and some also in the ventricles. In the dissection of two Europeans, he found precisely the same appearances, and remarks especially the gelatinous effusion on the membranes; about two feet of the ileum was of a dark blue colour; the whole of the large intestine, and especially the rectum, was dark red. In another case he found appearances just alike

except that the inner membrane of the stomach was of a dark red appearance as if blood had been extravasated largely between its coats. In many succeeding dissections the appearances were very similar, only the serous effusion on the brain was smaller than in the first instance.

The Medical Board of Madras recorded that the morbid appearances were, inflammation and determination of blood to the stomach, intestines, and other abdominal viscera, and even to the brain itself; a contracted state of the urinary bladder; and in one case the stomach and intestines were inflamed, and their texture so much destroyed as to occasion their being lacerated by the slightest touch.

The Medical Board of Bengal describe excessive congestion in the internal veins; inflammation and effusion of coagulable lymph on the brain, and adhesion between its membranes; the abdomen was found to emit a peculiarly offensive odour, wholly different from the usual smell of dead bodies; and it was supposed that putrefaction commenced earlier in the bodies of those who died of cholera than was the case in other diseases.

The Medical Board of Bombay state that the bodies of those who died in the early stages of cholera exhibited hardly any unhealthy appearance; the intestines were pale and distended with air, and the abdomen, on being opened, emitted a peculiar offensive smell. Where the disease had existed for some time, the colour of the intestines varied from a deep rose to a dark hue; the stomach was filled with a transparent, a green, or a dark flaky fluid, its internal coat sometimes healthy, but generally exhibiting appearances of inflammatory action, which also extended to the duodenum; sometimes a layer of lymph was adhering to the internal coat. The large intestines were filled with a muddy fluid or with a dark bile. In most cases the liver was enlarged and gorged with blood; in others it was collapsed and flaccid; the gall-bladder was invariably full of dark green bile.—The spleen and thoracic viscera were healthy. Congestion in the head was observed in some cases, but in general the brain was sound. The great veins were every where gorged with blood.

So much for the morbid changes which were observed in India. Now for Europe.

You find in Dr. Bisset Hawkins's *History of Cholera*, an account of the appearances after death, as observed in Moscow, drawn up by Dr. Keir. It states, that the blood-vessels of the brain were more or less tinged with blood, particularly toward the base; the arachnoid had sometimes lost its transparency in several places; a fluid was sometimes found effused into the convolutions of the brain, and in the lateral ventricles; the blood-vessels of the vertebral column and spinal chord were more or less loaded with blood; partial softening of the spinal marrow was occasionally met with, and marks of inflammatory congestion in the larger nerves; the lungs were generally gorged with dark blood; the cavities of the heart were filled with the same, and frequently contained polypous concretions; blood nearly black was always found in the arch of the aorta, and in other arteries. The state of the abdominal organs varied considerably; the stomach and intestines were often found partially contracted; the inner coat of the stomach was sometimes healthy, but sometimes both it and the intestines bore marks of congestion, and of a subinflammatory state, which was evinced by dark, or by rose-coloured patches of various sizes; neither thickening, nor condensation, nor ulceration, nor abscess, appeared in any of the dissections. The liver was generally full of dark blood; the gall-bladder usually distended with dark bile; the pancreas, spleen, and kidneys, either healthy or congested with blood; the urinary bladder always empty; the uterus natural.

In France, M. Rayer says, that the blood of cholera patients, altered in its properties, is often deposited in petechiæ or ecchymoses in the intestines, and under the peritoneum, pleura, pericardium, arachnoid, or in the tissue of the uterus: that in the cold stage, the viens of the abdomen, superior cava, the jugular, cerebral, and spinal veins, are excessively congested; that the gastro-intestinal mucous membrane presents, in some part more or less of—1. Elevation of the follicles, especially near theend of the ileum. 2. Hyperœmia by vascular arborization. 3. Sanguineous coloration, punctuated or petechial. 4. White velvetty state of the papillœ in one-third of the cases. 5. Punctuated vascularity in the stomach. That, when re-action has set in, congestion diminishes, but then gastritis, colitis, pneumonia, pleuritis, peritonitis, and effusions in the brain and spinal marrow are met; and that the most *permanent* morbid appearance in the intestines is the developement of the follicles, met both in the cold stage, and in re-action.

Dr. Brown, in the *Cyclopædia of Practical Medicine*, states, that the dissections performed at Sunderland, the first English town visited by cholera, furnished results corresponding with those obtained in Hindostan, and Russia. In the *head*, venous congestion of the brain and its membranes, has been the most uniform and prominent appearance; serum has sometimes been found in the ventricles of the brain, and at its base, in larger quantity than natural; and in some, fibrinous deposits existed between the membranes. In the *thorax*, the lungs were uniformly more or less gorged with blood, yet generally crepitating, and free from structural disease. The heart was often found soft and flabby, and its veins always distended with dark blood. In the *abdomen*, the liver was usually congested, sometimes natural; the gall-bladder distended; the abdominal veins generally very full; vascularity and pulpiness of the lining membrane of the stomach were often found; the same appearances were noticed in the intestines, and they generally contained a whitish fluid, like the evacuations. The kidneys were congested; the bladder empty, and contracted. No softening, or other disease of the spinal marrow, a little venous congestion excepted, was discovered in the few examinations made there of that organ.

Now, in all these reports of morbid appearances, you find nothing to account for death—no lesion of sufficient importance to give rise to the symptoms, or to cause the fatal result. In fact, there is *venous congestion* of all the internal organs, and nothing more, not even inflammation; for although many of the reports mention inflammation, it is described so vaguely, as to create a doubt of its existence; it was either congestion, or it was met with only when reaction had succeeded to the true choleric stage. But you will ask what was the result of dissection in Dublin, where anatomy is so thoroughly understood, and where it is studied with so much zeal and success? I believe there was no additional light thrown upon the subject by the Dublin anatomists. I was myself at that time a demonstrator of anatomy in this school, and examined a great number of bodies, but in no instance could I say that there was any morbid appearance, except the most extraordinary congestion, in any of those who died during a stage of collapse. Congestion, congestion, some congestion, great congestion—such were the only epithets I had

to use, as one organ after another was exposed. Of course, I met with other morbid appearances occasionally, but they were of a former date, and unconnected with cholera; and when patients lived through the collapse, and died in the febrile stage, there were found some very well marked specimens of gastro-enteritis, and sometimes of cerebral softening, and of meningeal inflammation; but in the true choleric stage there seemed to be nothing but congestion. The congestion was so complete, that even the bones were of a bluish colour, and no amount of maceration could make them white. This was a sad disappointment to Dixon, who expected no small gain from the fine skeletons which he had an opportunity of preparing, but the bones were not saleable. I mention this, merely to mark the intensity of the congestion. Dr. Cranfield's researches were attended with results similar to mine, congestion being almost all that he could consider morbid.

Professor Hart has favoured me with a note of his dissections, which I shall read for you: you all know what a profound and accurate anatomist he is. "Of those who died in the stage of collapse, the following were the appearances after death—the cerebral organs and spinal chord presented no marked morbid appearances; in some cases, the vessels over the hemispheres of the brain were congested, and in one case I noted a very small quantity of fluid in the lateral ventricles; the heart was contracted in most cases, sometimes softer than natural, containing a small quantity of thick dark-coloured blood; nothing peculiar respecting the lungs; the stomach and intestines presented a remarkable pinkish colour, and their veins were greatly congested; the Peyerian glands were generally distinct; no feces were found in any part of the intestinal canal, which contained a white fluid like thin gruel; the surface of the mucous membrane throughout was covered with a white tenacious pulpy substance of the consistence of starch mucillage; the liver was generally small in size; the gall-bladder distended with a dark-green bile; the spleen was usually small and corrugated; the kidneys were firm, contracted, and of a dark-colour; no urine was found in the ureters or bladder. I carefully dissected the semilunar ganglion in several cases, but could never discover any morbid change in it. The muscles were always rigid. Of the few patients who died in the febrile stage, and whom I had an opportunity of examining, the greater part had signs of inflammation of the intestinal mucous membrane, and in some there was a softening of the lining of the stomach to such an extent, that it hung in shreds into the organ." The mention of the glands of Peyer, and of the semilunar ganglia, reminds me that I omitted two names of high repute, Dupuytren and Delpech; I ought to have stated the morbid phenomena which they observed. Dupuytren found the glands of Brunner and of Peyer always enlarged in cholera, and believed that they were the chief seat of disease. Delpech found the semilunar ganglia voluminous, red, injected with blood and infiltrated with serum; he found the nerves of the solar plexus swollen, and their neurilemma injected; and the lower part of the par vagum similarly changed; to these appearances he attributed the disease; and Loder of Moscow, predicted these changes from a consideration of the symptoms. But neither the glands, nor the ganglia, nor the nerves appeared in this country to present any morbid alterations.

Well, as the solids did not show disease enough to account for the symptoms, the *blood* was examined with care, and certainly this fluid underwent the most remarkable alterations in every respect, in its physical qualities, in its chemical composition, and in its vital properties. It was found in almost every instance darker than natural from the outset, then it became thick and pitchy looking, so thick that it could hardly be got to flow at all from a vein; even in the arteries it was dark, blood drawn from the temporal artery had the venous colour. It was found after death, in most of the large arteries, thick and soft. When drawn during life it remained a soft, thick, black jelly not separating distinctly, as healthy blood, into the serum and crassamentum, nor ever presenting the buffy coat so common in inflammations. Dr. O'Shaughnessy published an elaborate chemical examination of the blood and fœcal matters in cholera. He showed that cholera blood had less water than healthy, that the serum had more albumen than it ought, but was very deficient in salts, that it separated imperfectly from the crassamentum, and was of high specific gravity. In some cases no separation of the clot took place at all, but the whole of the blood drawn off remained like thick tar. The feces contained the salts which the blood lost. Mr. Andrews, of Belfast, found albumen in excess in the serum of cholera blood, but the salts not much altered. Lassaigne found less water and less fibrine than in healthy blood. Many other observers also found the blood altered in its chemical properties, so that the humoral pathologist had undoubtedly more to show for his pains than the solidist.

Now, from what we have seen of the history, the symptoms and the dissections of cholera, what conclusions can we come to with respect to the *nature* of the disease? What was the proximate cause of the symptoms? I think our *post-mortems* have shown that it was not inflammation in the alimentary canal, nor indeed inflammation any where; and the fact that the blood was deficient in fibrine, or, at all events, had no increase of fibrine, is another proof of the absence of inflammation. The change in the blood was very remarkable, but what occasioned this? was it a primary lesion of that fluid? or was the first morbid impression made upon the nervous system and then communicated to the blood, and to the heart, the muscles, the stomach, and intestines, &c.? I think all the phenomena of the disease, and all its history seem to answer this last question in the affirmative, and this seems to have been the opinion of the generality of observers. The first outbreak of the disease in any place was so sudden, so violent, and so unlike common cholera, or any other disease, that the symptoms were often supposed to be the result of poisoning. It was generally believed by the ignorant in every country, that poison had been in some way administered, and many a medical man had a narrow escape from the enraged populace for his imagined participation in the crime. It is said "the multitude is ever in the wrong," but another proverb tells us that "what every body says must be true." In this instance, the multitude was half wrong and half right—the disease *was* occasioned by a poison, but the poison was *not* administered by man. Let me just quote the remarks of a few medical men on these points: I have marked them off very briefly. The medical board of Bombay writes, "on many occasions cholera resembles the effects of a poison taken into the stomach, or applied to the blood; but whether it acts more immediately on the circulating system or the nervous, we cannot determine. Mr. Connell says "its effects are such as if a highly sedative poison were taken into the system." Mr. Orton says, "the proximate cause consists in a diminution of the energy of the nervous system, and this diminution or deprivation of the nervous influence extends in various degrees to all the functions, and immediately produces the phenomena of the disease." Mr. G. H. Bell, after fully discussing the subject, concludes that "cholera asphyxia is a suspension of the

power by which the circulation of the blood is carried on, and that this power resides in the ganglonic system of the great sympathetic nerves; the condition of the patient is not very different from that described as produced by the poison of the *upas antiar*." Dr. Stevens says, "the sporadic cholera of this country is as different from the Indian, as the East is from the West: the one arises from a severe local irritation in the gastric organs, the other is a most malignant disease, produced by the existence of a malignant poison in the system, which contaminates every drop of the blood, and excites diseased action in every part of the body." I was favoured with a note lately from my friend Dr. Cranfield, in which he says, "I regard cholera as a disease produced by a powerful debilitating impression made upon the spinal chord and nervous system, probably through the medium of the atmosphere; that grief, fear, fright, diarrhœa, indigestion, intestinal irritation, and all other debilitating causes favour the developement of the disease; that the result of the impression on the nervous system is an interruption of its functions, of which the most remarkable is the *interruption of the capillary circulation;* hence the cessation of the glandular secretions; thus the circulation *in the* kidneys ceases, and also in the liver, which latter causes an accumulation of blood in the system of the vena porta, and consequently, in the intestinal mucous membrane, which, being delicate, gives way to the pressure, and thus the watery portion of the blood is strained off, and constitutes the cholera stool." And Dr. Apjohn says, that "cholera is the result of the action upon the system of a *narcotico-acrid* poison." I could go on till night quoting opinions to the same effect, viz,: that cholera was caused by a poison acting in some way or other on the human constitution; almost every one assents to this, but some will have it that the poison acted on the mucous membrane first, others on the blood, and others on the nervous system. For my part, I am satisfied that the first impression was on the nervous system, which changed the properties of the blood, and then that the altered blood and the depressed nervous influence together, suspended all the *secretions*, suffered the *exhalations* to be poured out, as if passively, on the skin and mucous membrane, and occasioned the color, the spasms, and all the other morbid sensations and actions and appearances.

But how was this poison generated and propagated? As to its generation at first, we must suppose that it had its origin in malaria or in those miasmata and effluvia which arise in marshy situations under a tropical sun; it appears that cholera is endemic in such situations; and at a certain time this endemic of the Gangetic Delta burst its narrow limits, and in some way or other acquired the power of propagating itself in situations far remote and far different from its usual habitat. It spread through every climate, and hurried away its victims from every country. It raged almost with equal fierceness among the snows of Russia and on the burning plains of Hindostan. The rice-eating Hindoo, and the beef-eating Englishman, and our own potato-eating variety of the human species, all fell before it with similar symptoms. It is not easy to conceive how it could have spread into so many and such different regions, except by contagion or infection; each person, when labouring under the disease, must have had the power of generating a poison similar to that which he received, and thus keeping up the stock for further propagation. We see this in small-pox, scarlatina, measles, &c.. But I cannot understand how any "atmospheric influence," any "terrestrial emanation," any "currents of wind," or any set of "animalcules" could have held on the even tenor of their way, through Europe, Asia, Africa, and America, over mountains and rivers and trackless oceans, amidst all the varying circumstances which surrounded them. Yet the question of contagion or no contagion was fiercely contested, and many competent witnesses deposed to the non-contagious nature of cholera.

I may state a few arguments "for and against" contagion, beginning with those *against*. I think the belief in India very generally was, that the disease was not contagious. Out of the entire list of medical officers in Bengal, who were so much engaged in treating cholera, not more than three were attacked during the three first years of the epidemic, and only one of these died. Mr. Annesley had an hospital at Madras, into which he admitted cholera patients amongst the others, yet he never saw the disease communicated from one person to another. The island of Ceylon kept up a very free communication with Madras and Calcutta, where cholera prevailed for many months, yet no case of the disease appeared in Ceylon until it had crept along the peninsula to Adams-bridge, which is the nearest point of the continent to the island. Vessels sailing up the Hoogly towards Calcutta have been attacked with Cholera before they had any communication with the land.—Some regiments violently attacked with the disease in one locality have got rid of it by moving to another. Mr. Searle, who was in Warsaw during the epidemic, says—"After all that I have heard either in India or in Poland; after all that I have read, seen, or thought upon the subject, I arrive at this conclusion, that the disease is not contagious." Dr. Londe, president of the commission sent from Paris to Poland to inquire into the subject, declared that it was proved to the entire satisfaction of himself and his colleagues that the disease was not contagious. Dr. Harty states that cholera first showed itself in Dublin in Summerhill, and that no contagion could be traced as its cause; that it next appeared in the Richmond Bridewell, which is isolated and occupied only with persons who had no intercourse with the citizens; that it did not appear in the prison of Newgate for 24 days after, although a free intercourse was allowed with those outside; nor in the City Marshalsea, which is a dirty and crowded prison, until it was three months freely communicating with the diseased. Mr. M'Coy thinks that "of 200 or 300 servants attached to Grangegorman Hospital, including nurses and ward-maids, a much less proportion have been attacked with cholera, than of a similar description of persons out of doors. On coming into the wards unexpectedly in the middle of the night, I have often found the ward-maids stretched on the same beds with a collapsed patient, sometimes asleep; yet, I have not known any ill consequences to follow. None of the medical officers took cholera. I have tasted the rice vomit, and escaped. The suddenness with which the number of patients seeking admission increased or diminished was very remarkable; on four successive days, for instance, we had 285 admissions, and on the four next following we had 497; while in a fortnight after only 134 were received. Neither the history of the disease, which I have read with some care, nor the facts which came under my own observation, have served to convince my mind on the contagion question; perhaps the fault is in the mind. I should rather be inclined to consider cholera neither contagious nor infectious."

Such are some of the arguments and authorities against contagion. Now let me mention a few *for* it.

In Madras the medical officers suffered more than others; thirteen of them died in four years. Very generally the disease spread from one place to another, both in India and in Europe, along the lines where the freest human intercourse was kept up. At Trinchinopoly the disease first occurred in a Sepoy, who came

from Madras with an infected regiment; he died; in a day or two another Sepoy of the garrison took it; then the camp followers near him, and then the soldiers. A convict was sent from a village where cholera prevailed to Chonda, 80 miles off; two hours after his arrival he was attacked with the disease, and shortly after died; three of the four persons who carried him to the grave, and another who attended them, were the next sufferers, and soon after the disease became general. In Berlin, Professor Hufeland concludes from his observations "that the cause of this disease, is a peculiar principle, the same that has produced and still produces cholera in Bengal; that it is propagated by importation and by infection in the most extended sense of these words; and that with regard to the transmissibility of cholera it belongs to the class of contagious diseases." M. Moreau de Jonnes in Paris, says, "in appreciating as I ought the labours of the celebrated professor of Berlin, I must take the liberty of remarking that his conclusions are precisely the same as those of several memoirs which I have read to the Academy (of Sciences)." In Sunderland, Dr. Haslewood and Mr. Mordey published an interesting and instructive work on cholera, in which they collect from official and other documents, the most powerful proofs of the contagious nature of the disease; and their conclusion is, "that they have no doubt that cholera propagated itself in this town and neighbourhood according to the laws of contagion." In Scotland, Mr. Moir of Musselburgh met with a remarkable confirmation of the contagious belief; the third case which occurred in that town, was in a girl who was seized with cholera on Thursday, died between five and six o'clock the same day, and was buried that night; on Saturday night her mother sickened, and next day died; her sister, who had walked that day from Leith to condole with the family, was affected on entering the house, but not regarded amid the confusion of the moment, until her nieces returned from the funeral, when they found her dead; and her husband, who came from Leith to look after his wife, died on his return. In Dublin, Dr. Harty relates a curious fact in support of contagion; "the first person who died of cholera at Finglas (a suburban village), was, previously to interment, carried round the parish cross and the church yard three times, according to superstitious usage; the four men who carried the coffin on this occasion, all suffered immediately after from the disease and every one died. The following return was made to me by Mr. Bourke, the parish clerk and agent to the officers of health:—'Mary Neile died the 9th July, 1832, of cholera, and was buried on the 10th; Charles Dolan, Michael Sullivan, Owen Neile, and James Rooney, carried the coffin and all died of cholera. Charles Dolan was taken ill at the burial, and died next day at ten o'clock, at his residence in Finglas; Sullivan at five o'clock, evening of the 11th, and died in hospital next day; Rooney taken ill same evening and died in hospital two days after; Neile taken ill same evening and died in hospital three days after.'" Dr. Hart writes in a letter to me, "I believe the Asiatic cholera to be contagious for the following reasons:—1st. The history of its progress through Asia, the Russian Empire, Poland, and the north of Germany, from which its introduction to England was traced. 2nd. It first appeared in Dublin, in Barrack-street, and the neighbourhood of Summer-hill, in houses frequented by the wandering poor, who return to this city from Liverpool, in which town it was known to have existed before it visited Dublin. 3d. In 1832, I superintended the Cholera Hospital, in Townsend-street, for six months, during which three thousand cases were admitted from various parts of the city, but particular districts were remarked to furnish the chief part of the cases, while others were almost exempt from the disease. 4th. In several instances all the members of a family, and often all the inmates of one house were attacked and brought into hospital in quick succession. 5th. Many of the attendants in the hospital were attacked with the premonitory symptoms, particularly with diarrhœa; and two nurses and one of the porters died of the disease." And Dr. Apjohn, who superintended another great cholera hospital in the city, and whose closeness of reasoning none will dispute, is a decided contagionist.

I could multiply instances and opinions, *ad infinitum*, in favour of contagion, whilst the arguments against it are far from conclusive; they are derived chiefly from not being in all cases able to trace the source of the contagion, and from the fact that very many persons were exposed to the disease in its worst form, and to its most concentrated effluvia without suffering. But such negative arguments would apply with equal force against the contagious nature of scarlatina, small-pox, measles or any other confessedly contagious disease. The unaccountable escapes, and the untraceable attacks, were certainly more numerous in cholera than in other diseases; but this difference in degree is not of much consequence; we are not so well acquainted with the laws of contagion as to rest much on that circumstance.

Another question has been mooted, as to the period of the disease when its contagious influence was greatest. Many persons supposed that it was greatest after the death of the patient, and very many instances were recorded in which the disease appeared to have been propagated from the dead body; but it is contrary to all analogy to allow this. The great probability is, that the contagious influence increased up to the period of death, and was then retained by the clothes in which it became entangled, but that the body ceased, at least after it became cold, to give out any fresh poison. We have heard instances of the disease being caught at wakes, and funerals, and in removing the dead soon after dissolution, but no one who opened a cold body, none of the "resurrection men," who were a numerous class at that time, but now happily extinct, none of those as far as I could learn, ever took the disease, or at least could trace it to the corpse. The belief that contagion was more likely to arise from a dead than a living body was attended with the worst consequences, for it induced the friends to hurry off the deceased with a haste which I must call indecent and terrifying. I have known more than one instance of gentlemen who were seen at a late hour in the evening, apparently in good health, and who were actually dead and buried, *certainly buried*, next morning before their neighbours were out of bed. Such haste added greatly to the horrors of this aweful visitation, and I am convinced it increased the number of victims in two ways—first, by increasing the alarm, which always acted most injuriously, and next by disseminating any effluvia which might be lodged about the body. If free ventilation of the room, where the body lay, had been directed, and a day or two allowed to elapse, both those dangers would have been avoided. A belief prevailed extensively, that many persons were buried alive. This arose I dare say, from the fact that the muscles often acted spasmodically for several hours after death; but it was wrong to leave any room for such report by too hasty an interment.

I intended to finish cholera to-day, but I find I have not time. I thought I was not occupying much time on any of the subjects which I touched on respecting it, yet all the times put together make up two hours, and I suppose half an hour more will be little enough to finish. I must make a few remarks on the *treatment* at our next meeting.

ON FUNGUS OF THE BLADDER.

By M. Civiale.

SECOND ARTICLE.

Treatment of Fungus of the Bladder.

The treatment of fungus of the bladder is essentially surgical; but the means hitherto employed have been utterly inefficacious. The disease not being recognised during life, no rational treatment could be adopted; and consequently the radical cure was never attempted, save in a few cases where fungus co-existed with calculus.

When the diagnosis of the disease during life became possible, it was natural to seek for some mode of treatment: my attention has been long turned to this point, as appears from my second letter on lithotrity, and from the letter which I addressed to the Academy of Sciences in 1834, in which latter document I indicated various methods of treating fungus of the bladder, communicated the results that I had at that time obtained, and announced that a patient was then under treatment in the Hôpital Necker.

There are various methods of treating commencing tumours of fungous excrescences, whether of the neck or of the cavity of the bladder.

I first tried the method of ligature, which I abandoned as being applicable to but few cases, and adopted the method of evulsion and of trituration, which latter method is the preferable one, and is much more easily practised than might be thought. The operation is performed with the three branched instrument used in lithotrity. Care must be taken that the lithotrite glides with facility in the canula, for as the fungus gives but little resistance, its contact with the instrument might not be perceived if the instrument did not play freely in its canula. The surgeon must have much experience in the practice of lithotrity, and must proceed with the utmost caution and circumspection.

When the fungus is situate at the neck of the bladder, that organ is distended with water, and the instrument being introduced is fully opened and gently drawn towards the surgeon, as if he would withdraw it. The back of the branches of the instrument are thus applied against the orifice of the urethra and neck of the bladder. The instrument is now gently moved in a lateral direction, in order to be certain that one of the branches is not applied to the surface of the fungus. On ascertaining that the fungus is comprised within the branches of the instrument, they are closed without altering the position of the instrument, lest its relation to the tumor might be changed. The head of the lithotrite must rest on, but not push against the excrescence, while the canula slides on the branches, till a resistance is felt.

The pain experienced by the patient will not guide us, as generally very little is felt. Before closing the instrument further, it is prudent to endeavour to ascertain if the tumor is pedunculated, and if the peduncle is long or short, or more or less thick. In the former case the instrument, in embracing the tumor, moves with facility to a certain extent, without abandoning the fungus; but in the latter case its motions are very limited.

If we proceed with due caution, distend the bladder with fluid, and act only at the vicinity of the neck of the bladder, we need not apprehend seizing the coats of the organ, as they are distended and kept asunder by the branches of the instrument. Nothing but a diseased product can be grasped by the instrument, which we may therefore close fearlessly and firmly, taking care to keep it steadily fixed at the neck of the bladder. A scale at the handle of the instrument indicates the volume of the tumor, which is now to be torn off by suddenly drawing the instrument forward, if the tumor is of a size capable of traversing the urethra; but if it be larger, the instrument should then be pushed backwards and upwards. This latter manœuvre is generally the preferable one.

If the base of the tumor be large, it is sometimes difficult to seize it, and the attempt sometimes causes severe pain: it is then imprudent to attempt evulsion of the fungus, which should be crushed, a proceeding that is more easily effected.

This method only differs from the former in this, that instead of endeavouring to tear off the fungus, we crush it between the branches of the instrument, taking care not to put it on the stretch.

This is the method that I have practised most frequently, and with most success. It is essential to select a lithotrite with very strong branches, for in order to accomplish the crushing of a fungus, the instrument must be closed very forcibly, so as to destroy the sensibility of the mass, and thus save the patient pain.

It must be recollected, that this is an extremely delicate operation: if the growth has a large base, it is very easy to pass the limits of the disease, and the life of the patient would then be compromised: this consideration has prevented me from operating in such cases. If the fungus be pedunculated, no such danger exists, and the operation can be performed with all desirable precision; in fact, I have thus treated various patients, who had both calculus and a fungous excrescence of the neck of the bladder. I have not observed that the fungus is reproduced. When once destroyed, it falls into the bladder, and is expelled by the urine, or it may be extracted after a few days.

The precaution of distending the bladder with a fluid is still more essential, when we have to operate on a fungus in the inferior fundus of the organ.

In calculous patients, it is during the latter explorations made with a view of ascertaining whether lithotrity has effected a perfect cure, that we are especially apt to encounter small fungous excrescences from the body of the bladder. While the stone exists they rarely present themselves to the instrument, unless they be voluminous, and then they impede the manœuvre, so that it is right to commence by destroying them. This rule is not, however, generally applicable; I have often destroyed a stone with the lithrotite, though I had previously ascertained the existence of a bulky fungus; and in more than one case, where the general health was impaired, I abstained altogether from meddling with the fungus, contenting myself with directing frequent and long-continued injections, to prevent a return of the stone, which, in such cases, is always to be apprehended.

There is an important circumstance connected with the small vesical fungi that accompany stone. They are almost constantly the result of the stone; and remain stationary, if indeed they do not diminish after the removal of the foreign body; we should, therefore, in such cases, wait for several months to ascertain what influence the removal of the stone exerts on the fungi. By adopting this rule of practice, I have been enabled to avoid several operations, which in the first instance, seemed to me to be necessary. These excrescences diminished in several cases to such an extent, that had I not previously ascertained their existence, I should have been unable to discover them. If, however, the fungus does not diminish, the case is serious; and if, on the contrary, it augments in bulk and consistence, the life of the patient is compromised. It behoves the surgeon therefore to be vigilant, and to frequently explore the bladder.

Setting aside the difficulty of the operation, and the qualifications required for its performance on the part of the surgeon, the destruction of fungus of the

bladder, whether by evulsion or by crushing, is far from being so serious or dangerous a proceeding, as at first sight might be thought. This indeed is a fact long known; fungi have been partially or entirely torn away during the operation of lithotomy, and yet, the patients recovered. The cases related by Dessault and Corvillard, prove this to demonstration. Baseilhac even considered such a proceeding as almost harmless. We must, however, acknowledge, that some cases of lithotomy, where a fungus was torn away, ended fatally; but we cannot affirm that the fatal issue of the operation depended on the fungus.

In some of the cases where I operated, a perfect cure was obtained; a few days sufficed to enable the patient to pass water naturally, and to dissipate every morbid phenomenon. In other cases, the result has been incomplete; the patient passed water better, but there remained difficulty, pain, frequency, and slowness of passing water, with symptoms of catarrh. From some observations it appeared, that these inconveniencies resulted from the remnant of the peduncle of the fungus. In these cases the application of nitrate of silver to the point which the fungus had occupied, was followed by excellent effects. In most diseases of the neck of the bladder, however cauterisation must be applied slightly, and at long intervals. This method has particularly succeeded, when in place of real isolated tumors sufficiently prominent to be seized by the instrument, there existed at the neck of the bladder a puffy fungous condition of the mucous membrane, rather than a fungous itself. Such a state of parts is not of rare occurrence. Two or three applications of the nitrate of silver have then succeeded very well.

Whatever may be the method adopted, the benefit obtained is not always permanent. After some months the symptoms return; there is frequently pain and difficulty in passing urine; neuralgic and catarrhal symptoms then supervene. I have explored the bladder in two such cases, and could not make out that the fungus had grown again; the neck of the bladder was so irritable, that the patients could scarcely endure the contact of the instrument with it. In one of these cases, the treatment for obstinate neuralgia succeeded perfectly; the other patient was under the care of another surgeon.

The details I have entered into, shew that the methods I have proposed for the treatment of fungus, are only applicable at the commencement of the disease, before the tumor has assumed such a volume as interferes with the introduction and suitable management of the instruments. To estimate the value of the methods I have proposed, they must be strictly confined to the cases suited for them. This is a rule not always observed in surgery. Whether from not rightly appreciating the indications, or from violation of the rule laid down, it often happens, that inexperienced persons proceed without method or precision, and fail to do good, or even do positive harm; and then a decodemnatory judgment is passed on such defective data.—*Gazette des Hopitaux.*

DUBLIN HOSPITAL REPORTS.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

CASE OF DISUNITED FRACTURE.

ADMITTED UNDER THE CARE OF MR. RYND.

Reported by Mr. Joseph Magrath.

William Archer, æt. 13, admitted 6th September, 1840. His left femur presents a prominence on the outer side of its upper third; on examination the prominence is found to be caused by the lower portion of the bone projecting, the result of an oblique fracture that occurred 15 months ago.

The broken portions of the bone do not grate on each other when they are moved; but motion is perfect between them when one is rotated on the other; and the rotation is restrained beyond a certain extent by a bond of union evidently ligamentous; the boy is thin and of spare habit, which enables this to be easily perceived; extension elongates the limb 3-4ths of an inch; and when he stands with the thigh exposed, the inferior portion of the fractured bone is seen to move upwards on the upper fragment. He is of scrofulous temperament, light hair, light blue eyes; very clear complexion, and enlarged submental and cervical glands.

His history is as follows:—About 15 months ago a boy fell on him and broke his thigh; a simple fracture; he was immediately brought to hospital, and in the space of nine months union having taken place, he was dismissed cured. In about five weeks after this as he was sitting down on his form at school; he suddenly felt the bone as if quite loose, but not painful until he attempted to walk; then the pain was slight; after seven or eight days the pain subsided entirely; but the leg felt "unsteady," and he got a crutch, by the assistance of which he has walked tolerably ever since, except that for the last six weeks he says "he thinks the bones have become looser."

Ordered—Some infus. gentian. comp. with sulph. magnesiæ.

September 14.—His digestion is in a good state, and his general health good.

A seton, consisting of a skein of silk, was this day introduced by pushing a curved seton needle into the posterior part of the thigh, down to the fractured bone, then turning it outwards *round* the broken extremities, so as to encompass about two-thirds of their circumference, and to rest as closely as possible in contact with them, it was brought out in front of the thigh, the silk being retained in its course; the limb was enveloped in the starch bandage, placed in the straight position, and he was enjoined perfect rest; a small hole was left in the bandage opposite the entrance and exit of the seton needle.

17th—Complains of a good deal of pain in the wound; pulse 100; skin hot; bowels confined.

Ordered—A saline aperient, statim, with some calomel and James's powder at night.

20th—Healthy matter oozes through the opening; the inflammation has nearly disappeared; his skin is moist; pulse 70. Quiescat.

28th—The discharge of matter has increased for the last two days, and he had slight perspiration last night; Pulse 90, and soft; did not sleep well; the seton removed; and on the suggestion of Sir P. Crampton a scored splint was bound on the front of the thigh, the more effectually to secure absolute rest to the limb.

October 5.—Pulse 60; heat of skin natural; tongue clean; discharge has nearly ceased; appetite good; sleeps well. Quiescat.

20th.—Complains very much that the band irritates his leg, and prevents him sleeping; the wounds caused by the seton needle are quite healed. He says he moved his limb in the bed last night, and it felt strong; the bandages and splint were removed to-day, and he was enjoined to keep the leg without motion of any kind.

28th.—Sat up in his bed to-day, and says his leg is well; a very gentle examination was made to-day, and the fractured portion appeared to be firm. Enjoined rest still.

November 2.—A strict examination was made of the limb this day, and the union of the broken bone was found quite consolidated; he walked for five minutes in the ward, leaning on Mr. Rynd's arm.—Ordered crutches, and to get up.

5th.—Has been going about the hospital every day since last report.

7th.—Walked this day without a crutch; says he is quite well, and wishes to go home. Dismissed.

Up to the present time, Sept. 30, 1841, this boy has never suffered the slightest inconvenience in his leg; it is not the least shorter than the other, and he has perfect use of it.

APPEARANCE OF CHOLERA.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen—Having reason to know that considerable scepticism prevails amongst physicians in Dublin, as to the accuracy of Mr. Kirby's diagnosis in the cases of Asiatic cholera, related by that deservedly respected, and proverbially eminent surgeon, in the number of your valuable weekly periodical, for the 29th ult., I beg to state that several cases of intense, indigenous cholera during the last two months, have fallen under my observation, in connection with the sick-poor institution in Meath-street.

Two cases of Asiatic cholera have came under my care within the last fortnight; one occurred in the person of a female, who has died; the other in a male, who is still under treatment and likely to recover.

My colleague, Doctor M'Cormick of Usher's-island, of the same institution, has lately had four cases of unequivocal Asiatic cholera, one of his cases terminated fatally. Another of my colleaguus at the Meath-street Dispensary, had lately a fatal case of indigenous cholera, at 54 Bridegefoot-street, in the person of George White. This man had been in the park at a review on the 22nd of September; he was seized with cholera on the evening of that day, and died on the next, 23rd. The gentleman by whom this case was seen, had ample opportunities in 1832, of witnessing Asiatic cholera, having been in official charge, at that period, of public cholera hospitals.

Having met Doctor Barker of Baggot-street, the secretary to the general board of health for Ireland, casually, I deemed it my duty to give him the names and residences respectively of the patients.

Should occasion unfortunately arise to require unusual vigilance; the public are perfectly safe in the hands of this energetic and benevolent public officer.

There is no medical man of ordinary perception, who can mistake English for Asiatic cholerai: n the latter you have the absence of secretion; the rice-water discharges; the whispering voice; the washer-woman's shrivelled hand; the icy coldness of the tongue, breath, and general surface of the body. You have also the sudden sinking of the vital powers, with the sharpened and aged appearance of the countenance.

It would be out of place to dilate here upon the treatment. Suffice it to say, that the opinion which I held in the year 1832, at the time of the first irruption of Asiatic cholera in this city, I still maintain, namely, that the grand arcanum in the treatment, and ultimate safety of the patient, will mainly rest in early combating the premonitory laxity of bowels, and thereby averting the stage of collapse which I consider to be the second stage of the disease. I adopt sugar of lead injections, with a small portion of the acetate of morphia—say a scruple of the former to a quarter of a grain of the latter, in four ounces of thin starch mucilage; not more, in order to assist the stimulus of distention. I also exhibit calomel and opium by the mouth, with a sinapism at the same time to the scrobiculus cordis.

The adaptation of further remedial measures must depend upon the judgment and experience of the practitioner.

Lest alarm might arise in the public mind from this communication, I am happy to state that I have not for several days past, met with a case approaching to Asiatic cholera, and I do really think that the cases to which I have alluded, might be traceable to improper ingesta, such as drinking sour buttermilk after a meal of herrings. In the year 1832, whilst in medical charge of the Cholera Hospitals in Drogheda and other parts of Ireland, I always observed that an increase in the number of patients, took place after drizzling rain, and buttermilk market days.

GORDON JACKSON, M.D.,
University of Edinburgh; Physician to Cork-street Fever Hospital, and Senior Physician to the Sick Poor Institution in Meath-street.

2, Blessington-street, Oct. 4, 1841.

ON THE STATE OF THE MEDICAL PROFESSION, AND ON THE BEST MEANS OF IMPROVING IT.

TO THE EDITOR OF THE MEDICAL GAZETTE.

Sir—It has never been my disposition to meddle with medical politics; but recent occurrences, and especially a circular issued in November last by the Royal College of Physicians, inviting its fellows to communicate their views with regard to changes in its constitution, have led me to reflect much on the state of the medical profession, and on the best means of improving it. These reflections, and the examination of many facts connected with the subject, have produced in my mind convictions too strong to permit me to remain inactive in the cause of medical reform.

But although I thus declare in favour of reform, I must claim the title of a *conservative* reformer. For reasons too numerous to be stated here, it seems to me both just and expedient that the government of the profession should be vested in the three existing corporate bodies; but it is equally just and needful that these bodies should be so constituted as faithfully to represent, as well as to govern, the interests of their respective members.

Nothing less than an honest conviction, that in the College of Physicians such a change is absolutely required by the state of the profession, would have induced me, the junior fellow, to move in the College the following resolution:—

"In order to make the College truly to represent the interests, the feelings, the learning, and the influence, of the whole body of physicians practising in this country, it must admit the whole body to privileges of membership. It is therefore expedient that the distinctions between fellows and licentiates should cease; and that the government and acts of the College be delegated to a Council or representative head, consisting of the office-bearers and a certain number of fellows or members; a third of which is to be elected annually, by ballot of all the members, from those of at least five years' standing in the College."

That the College would at once receive such a proposition, now for the first time made, was scarcely to be anticipated; but I had reason to expect that it would be supported by those, who, out of the College, had, with myself, petitioned parliament against distinctions which this resolution proposed to remove. In this expectation I was disappointed.

The failure of this, and of a similar motion afterwards brought forward by two of the most distinguished fellows of the College, does not make the case desperate. The measures that have been carried are more liberal than those proposed before the rejected motions; and I would still hope that the most influential opponents of the latter will give way on a mature consideration of the arguments in favour of a reform, that would be conservative by being complete; that would preserve the College, not for itself only, but for the good of the whole profession.

This hope induces me to address you on the subject; and I am the more confirmed in doing this, in consequence of some remarks contained in a recent editorial article (July 16, p. 662), which prove to me that the propositions in question are not fully known to you.

This reform cannot be effective or final, if the good of all its subjects be not fully regarded as its most important aim. To the medical community this principle is the more necessary, because that community depends solely on itself, being unguarded, and scarcely cared for, by the legislature and by the government.

The position which the medical profession holds in the constitution of the country is quite anomalous. Unlike other professions, it is excluded equally from all branches of the government. The clergy are represented in the upper house of parliament. The professions of the law, the army, and the navy, not only have many representatives in both the legislative assemblies, but they are also sure to hold many influential places in the administrative and executive branches of the government. The interests of trade and commerce are guarded by special government offices, and by representatives expressly returned for the purpose by numerous co-operating constituencies. The medical profession alone is unrepresented: without government and without protection, it is a civil cypher—a nonentity in the state!

Does our profession suffer in consequence? Look for answer to the oppressive treatment which medical men experience from poor-law unions, vestry boards, government offices, the governors of hospitals and dispensaries, from scientific bodies, and too often from the public at large. What educated man is so hardly worked and so ill requited as the medical man? Take another illustration. Is a measure seriously affecting the interests of the medical profession brought before the House of Commons: either the house is "counted out," or the members by their remarks evince their ignorance or their carelessness about the matter. Some two or three honourable members have indeed deigned to patronize medical questions: but of these, one denies to the members of a learned profession the right or the capacity to judge what is best for themselves; another is turned by every voice, and is ready to follow the noisiest or the last complainant: another, formerly himself in the profession, is now too much engaged with the interests of a populous constituency, and other matters, to give much attention to those of medicine.

Powerless as the profession is in its civil relations, its members yet have an extensive influence: but it is the moral and social influence which must accrue to those essential to the well-being of society; it is an influence of individuals only, unlinked by a common purpose and harmonious sentiments: and powerless, because not strengthened by the sympathies and energies of union. The peer and the M.P. highly esteem their physician or surgeon, and would willingly do him a service by supporting his favourite measure in parliament: but the town doctor and the country doctor, the physician, the surgeon, and the apothecary, have each a different plan; and "who shall decide when doctors disagree?" So his lordship and the honourable member prudently and politely evade the matter.

The lately proposed scheme, of returning to parliament a member to represent the medical profession, is quite chimerical. Where is there to be found an individual so qualified by ability, knowledge, and integrity of principle—so free from party spirit and personal bias—as to possess the confidence of the bulk of the profession? And if such an individual could be found, what is likely to induce him to undertake the unenviable office? The matters of the medical profession can be fairly debated and adjusted only by a sufficient number of its own members; and to force them before parliament in a crude and unsettled state through one or more nominal representatives, would be to mix medical and general politics in a manner distasteful and injurious to both subjects, and calculated only to give to medical questions the odium of political partisanship.

We are then led to these conclusions:—that the legislature is too ignoront about the state and wants of the profession to be competent, and too apathetic to be willing, to reform it: the profession is at present too much divided in the opinions and influence of its members, either to reform or to govern itself. How obvious is the principal remedy which these conclusions suggest! *Union* above all things. Union of opinion, by which an acceptable and efficient plan of reform may be devised; and union of influence, by which this plan may be carried through the legislature.

But by what means is this union to be attained amid such discordant elements? An approach to union may be anticipated only through the true principles incorporation and representation. Let all the members of the profession be incorporated and represented:—not a few only, as in the present corporations, to the exclusion of the many, who are thus not living members, but dead and offensive excrescences:—not in one faculty only, to the confounding of those grades and distinctions which the extent of the art has produced, which experience has sanctioned, and which society requires; but let the existing corporations extend their arms, and open their hearts, and lift up their voices, to receive their deserted and neglected offspring, and affiliate all that should be members; to feel for them, to speak for them, and defend them; let them show a parental feeling for the whole kindred of the profession:—and then shall these bodies become vigorous in their old age, and not more venerable from antiquity and associations, than strong in the united power and affections of their members.

But be it clearly understood, in order to fix the confidence and embody the strength of the profession in the existing corporations, they must fully and fairly adopt the representative principle. The doubts which may be entertained as to the expediency of admitting to the elective franchise the lower classess of society, surely cannot apply to the members of a learned profession. None ought to be excluded from voting for representatives in the councils of their respective bodies; and to form these councils, those only should be elected who have gained the confidence of the majority of an intelligent and well-educated constituency.

The representative plan has been objected to as likely to diffuse through the profession a spirit of political agitation and discord. How blind the authors of such objections must be, and how low their estimates of the characters of their brethren! The representative plan is one essentially of union, and strikes at the very root of discord. Is there *now* no agitation, no discord? The whole profession is like a troubled sea. Men *will* stir when their rights are unprotected. Men *will* complain when their wants are disregarded. Division *must* ensue where there is no community of feeling or interest. Turbulence and democracy *must* arise where there is no effective government.

A fair representative government will go far to remove these elements of strife. The real evils which now degrade, vex, and divide the members of the profession—the oppressions, the collisions, the invidious and unjust divisions—will then, in many instances, cease; in others they will be put in train to be lightened or ameliorated. The truly aggrieved, trusting where to find redress, will no longer waste his time and injure his temper in fruitless agitation.

The voice of the malcontent and demagogue, if not altogether silenced, will become comparatively powerless and inoffensive.

And when such advantages may reasonably be anticipated from a simple change in the existing corporations, can it be supposed that these bodies will refuse to make the change? Is it possible that a selfish spirit of exclusiveness can so far prevail over a generous desire for the common-weal, as to make them look to themselves rather than the profession at large? With the voice of complaint within and without, loudly proclaiming their weakness and inefficiency on the one hand, and their oppressive restrictions and invidious distinctions on the other, is it possible that they will still cling to what they have been, and are—to their own exclusive rights, nominal privileges and antiquated customs—and forget what they may be, and ought to be, in this enlightened age?

I cannot believe it possible. I trust that we shall find in these colleges, close and exclusive as they have been, a number of liberal and public-spirited men, sufficient to place these bodies in the honourable and useful position which they ought to hold as the representative heads of the whole profession. This is the argument that should decide them. I would not argue the law of the case. It were frivolous to debate now whether the colleges have or have not acted up to the letter or the spirit of their charter, or whether the Society of Apothecaries have exceeded theirs. Disputes on these points tend to no good, but only excite animosity and widen the breach.

Let us freely admit the good which these bodies have done. For example, the stamp of respectability and literary attainments which the College of Physicians has conferred on its order; the encouragement given to the study of anatomy by the College of Surgeons; and above all, the benefit conferred on the profession and on the public by this body and the Board of Apothecaries, in raising the standard of medical education. It is because they have wrought these good things that we would expect from them still better things. It is because they have not been idle, although shackled by partial and antiquated bye-laws, that we would strike off their fetters, extend their ability, and raise them to a post of honour and of power—that of guardians and representatives of the interests of the whole profession.

Let us freely admit that, in conceding the desired changes, those now invested with power will make some sacrifice. But what is public virtue without some private sacrifice? It is because the disinterestedness of the act would ensure the confidence of all parties, that we would desire to see the corporations cheerfully and earnestly engage in the noble work of a thorough self-reform.

And after all, what a shadow is the contemplated sacrifice, in comparison with the substantial good to be achieved. The surrender of certain empty privileges by a few, to the end that justice and protection shall be administered to the many. Nay, in the end, will the sacrifice be real? Will not those who voluntarily give up their exclusive privileges for the common interests of the profession, so entirely deserve and obtain the confidence of that profession and of the government, that to them chiefly will be entrusted the enlarged power and higher honour of presiding over and protecting the whole medical community? Truly, I believe that they will.

In another letter I propose to develope that plan of reform in the College of Physicians, which, as it appears to me, should be the first step of the great work. I am, sir, your obedient servant,

CHARLES J. B. WILLIAMS.

7, Holles-street, Cavendish-square,
September 17th, 1841.

NAVAL ASSISTANT-SURGEONS.

In a recent number of the PRESS we inserted an order from the Commander-in-Chief of the Army, directing that, in consequence of her Majesty having been graciously pleased to order that naval assistant-surgeons should take rank with the subaltern officers of the army, those officers should in future be saluted by the troops according to that rank. We were much gratified at this: it was manifestly a great injustice to the naval medical corps that any difference in grade should exist between them and the army medical men. Our friend Dr. Healy, of Ennis, has repeatedly brought the condition of the naval assistant-surgeons before the public, through the medium of our pages and those of the *United Service Journal*. Indeed the September number of the latter periodical contains a letter from him, of which, considering it in reference to the order which, soon after its appearance, emanated from the Horse Guards, we would be almost inclined to say, "*post hoc ego propter hoc.*" The following is the letter to which we refer:—

TO THE EDITOR OF THE UNITED SERVICE JOURNAL.

MR. EDITOR—Having seen in a recent number of the *Sun*, an account of an interview between Sir Charles Napier and a deputation of medical reformers, in which, amongst other grievances affecting our profession, the condition of the naval assistant-surgeon was adverted to, and Sir Charles having been reported to have said that it was his opinion "that naval assistant-surgeons ought to have a private cabin to themselves, to read and pursue the study of their profession;" and having also been reported to have said, apparently in reply to a question from one of the deputation, that "the mess in the gun-room was as comfortable as that in the ward-room, and less expensive, particularly since the mates had an increase of rank," I addressed a few lines to the editor of the *Sun* (and he was kind enough to give my observations a place in his paper) on the subject; but, Sir, I would, with your permission, avail myself of your pages as the more legitimate channel through which to bring forward any grievances, officers of either service may have to complain of—indeed I would, in the first instance, have addressed my observations to you; but they were, in point of fact, intended to catch the notice of the gentlemen who formed the deputation, and as an account of it appeared in the *Sun* (no doubt, furnished by the deputation), I thought any remarks on the subject would be more likely to catch their attention by appearing in the same paper, than in any other publication.

I would, then, through the columns of the *United Service Journal*, very respectfully remind the gallant member for Marylebone, that three-fourths of the assistant-surgeons now afloat have no "gun-room" in their ships; that in all ships, from "liners" downw rds, the "midshipmen's berth" is their messing place.

I would also say, that it is not alone the want of comfort existing in their mess-place, and in their style and mode of living, that makes the naval service so distasteful to the medical man; though I have no hesitation in saying that, if no other cause but this existed, it would be amply sufficient to disgust with the service any medical man who had been brought up like a gentleman. Certain I am that the servants in my father's kitchen fared better and lived more comfortably than I did in the midshipmen's berth of a sea-going ship. It is the feeling which a medical man in the navy cannot avoid having, that in his person the noblest of professions—that profession which has done more good to the human race than all the others combined—is degraded and humiliated by the position and the grade assigned him in the service—the feeling

that had he, on entering the public service, donned a red coat instead of a blue—that had he on his buttons the number of a regiment in p'ace of an anchor and a serpent, he would be occupying a position befitting his calling, and one not disentitling him to his self-esteem.

I shall, in illustration of the different positions occupied by the military and naval assistant-surgeons, call the attention of your readers to the death of the assistant-surgeon of the 37th depot, which took place in the garrison of Limerick some months ago. This gentleman was buried with military honours: a firing party, commanded by a lieutenant (the corresponding rank of the deceased) accompanied his remains to the grave; every officer of his depot attended his funeral; many other officers of the garrison attended; and the general commanding the district, Sir Wm. M'Bean, walked in the procession.

Think you, sir, would a flag-officer condescend to follow to their last resting-place, the remains of a naval assistant-surgeon? Oh, no; that would be a degradation not for one moment to be thought of?

During my service in the Thracian, corvette, at Jamaica, I witnessed the deaths, in rapid succession to each other, of two assistant-surgeons who were attached to the naval hospital at Port Royal—Messrs. M'Millan and Hood. I attended the funerals of both; in both

"Not a drum was heard, nor a funeral note;"

In both

"Not a *marine* discharged his farewell shot."

No, sir, these gentlemen were consigned to the land-crabs of the palisadoes, without any honours whatever having been paid to their remains, not a single "commissioned" naval-officer attending either funeral; and why sir, should this be so? why should the military-assistant dying in his barrack-room, in Limerick garrison, be buried with all the

"Pomp, pride, and circumstance of glorious war,"

whilst the naval-assistant, cut off by the yellow fever of Jamaica, is committed tot he earth with as little ceremony as if he were a dog? why sir, should the second lieutenant of marines occupy a position on board ship, which is denied the assistant-surgeon? The former boy-officer could certainly not show any pretensions to the position assigned, which the assistant-surgeon does not possess, whilst the latter must ex *necessitate* possess an education not at all required of the former, at least until the recent regulation regarding marine cadetships came into operation,

Believe me, sir, the great mass of the medical profession will never be satisfied till naval-assistant surgeons are placed in every respect on a footing of equality with their military brethren.

I have the honour to be, sir, your very obedient servant,

MICHAEL HEALY, M.D.

Ennis, Ireland, August 12, 1841.

POOR-LAW INTELLIGENCE.

House of Commons, September 27.—The order of the day for a committee of the whole house on the poor-law commissioners bill having been read, and the question put, "that the speaker do now leave the chair," those members whohad given notices of motion, by way of instruction to the committee, were called upon. Mr. Roebuck the first on the list did not answer.

Mr. Yorke proposed an instruction to restrain the commissioners from indiscriminately separating man and wife in the workhouses, and from permitting such separation in any case of blameless pauperism.

Sir James Graham excused himself from entering into the merits of the question, the object of the present bill being simply to postpone the whole consideration of the measure, until government should have had time to weigh it carefully, and to mature such remedies, as might be necessary for particular evils and defects. After a lengthened conversation, the instruction was rejected, on a division of 187 to 36.

September 28.—Mr. Sharman Crawford, moved, that it be an instruction to the committee to insert the following clause:—

"1. That it shall not be lawful for the commissioners, from the date of the passing of this bill, to declare the formation of any new unions in districts, which are not already placed under the operations of the act 4 and 5 William IV., c. 76."

Mr. Crawford, in an able speech, called the attention of the house to the unconstitutional and oppressive character of the poor-law commission, and to the evils attendant upon the workhouse system in, first, the separation of families; secondly, arbitrary punishment and discipline; thirdly, harshness to old age; fourthly, bad living; fifthly, the difficulties of getting admission into the workhouse; and sixthly, and greatest of all, the mixture of the virtuous and profligate. On all these points Mr. Crawford supported his argument by a detail of facts. He would trouble the house with a few words with regard to Ireland. He heard the right hon. baronet, the member for Tamworth, express himself satisfied with the reports he had received from Ireland, and state, that he did not intend to make any alteration in the poor-law of that country. The measure had not been sufficiently long in operation in that country, to enable them to form an opinion of its operation. His opinion, however, was, that it could not be carried out in its present form. It was even more stringent than the English law. In Ireland no out-door relief was allowed upon any terms. A poor man might be 100 miles distant from the union workhouse, and might be in such a state of health, that he could not be carried there, yet he chould not obtain any relief. This was not all; he could instance a case of positive tyranny. In the North Dublin Union workhouse a boy of the name of Whelan was struck by the master of the workhouse with the handle of a hammer on the head. When the matter was inquired into, it appeared that the boy fell on his back, having been struck on the back of the head; that circumstance was considered a sufficient reason to reject his evidence, and also to acquit the master of the workhouse. The way in which the children were treated in those houses was also objectionable. The children were allowed boiled bread and milk, but they were not permitted to warm it after it had become cold. There were 180 children in one ward, and only one woman appointed to take care of every ten. The children got up at eight o'Clock in the morning, and were kept until eleven before they got their breakfast. That was not proper treatment for children under eight years of age. In the Cork union workhouse it has been stated by a Mr. Goold that procuresses had entered that establishment to seduce the female into vicious courses. Parents must be indisposed to allow their children to go into such places, where they were exposed to the risk of being thus depraved. He had endeavoured to bring the subject under the consideration of the house, and in doing so he thought it better to make out his case by facts than by declamation. If they considered the poor-law good, he would not contest that opinion; he would defer the discussion on that point to the next session of parliament; but he would call upon them on the score of humanity to restrain the power of the commissioners. He thought he had made out a case to make that demand. He had been advised not to press for a division. He, however, could not see the worth of a discussion, unless the result was tested by a division. To enter into long discus-

sions without a division was, in his opinion, calculated to disparage the house in the estimation of the public. It was said that a minority showed weakness, but it should be recollected that all the great questions which had been brought to a successful issue had begun with minorities. The question of the slave trade was for many years in a minority. The house was acted upon by the expression of public opinion out of doors, and that public opinion would be useless, unless the people saw how their representatives voted in that house upon questions in which they were interested, and by which they could ascertain how far they supported in parliament those measures which they advocated out of it (hear, hear).

Mr. Farrand, Mr. Wakley, Mr. Stuart Wortley, Mr. Yorke, and Colonel Sibthorp supported the instruction. Sir James Graham twitted Mr. Crawford with being an Irishman, and having the presumption to interfere in a matter belonging to England and Wales. He was followed on the same side by Mr. M. Phillips and Mr. Ward.

The house then divided, when there appeared—

For Mr. Crawford's amendment ... 49
Against it, ... 131

Mr. Crawford then moved his second instruction to the committee, which is as follows:—"That it shall not be lawful for the commissioners to disallow by any general or other order, any payments which shall be made by the authority of a Board of Guardians for the relief of any poor persons or their families out of the workhouse, notwithstanding any powers given to them (by the said recited act of 4 and 5 Wm. IV.) to the contrary."

The house divided, when there appeared—

For the instruction, ... 32
Against it, ... 146
Majority against the instruction ——114

The bill then passed through the committee and was reported to the house.

October 1.—Sir J. Graham moved the third reading of the poor-law commission bill.

Mr. Fielden moved as an amendment, that it should be read a third time that day three months. The poor-law he said, was the rock on which the administration were likely to split as the last had done. A short conversation followed, in the course of which every member who spoke, with the exception of Mr. C. Wood, guardedly referred to the present bill as a temporary measure, the support of which in no way pledged them to the future support of the commission.

Mr. Callaghan stated that he had formerly supported the commission, but his mind was now altogether changed, which he wished to announce as it had been stated in the House, that the poor-law bill worked well in Ireland. He could only aver that in his part of the country, the discontent with it was almost universal. Nobody appeared to be satisfied with it. The house divided, when there appeared—

For the amendment, ... 18
Against it, ... 133

South Dublin Union.—At the meeting of the guardians, held on the 30th ult., the following letter, forwarded by the commissioners, was read—

Rathmines, September 6, 1841.

Gentlemen,—I have the honour of informing you, that in pursuance of your instructions, that I should "take an early opportunity of examining into the medical duties, as now performed by the medical officers of the two Dublin workhouses, and report thereon," I have accompanied these gentlemen through the hospitals, and such other parts of these establishments as are appropriated to the sick, and have examined the arrangements by which they perform their respective duties.

The physician and surgeon prescribe for the sick daily, by such an arrangement as enables each of these officers to devote his attention to about one-half the patients in the hospitals, infirm sick wards, and nursery.

They also examine, and when necessary, prescribe for any other inmates who are reported to be ill.

The duties of the apothecary at each workhouse are understood to be, to prepare and dispense the medicines directed by the physician and surgeon, and to regulate the diet books. But, in the absence of the superior medical officers, he visits such of the inmates, whether in or out of hospital, as are reported to have become suddenly ill; to whom he gives such medicines as the state of the patient appears to require. This he does, with the knowledge of the physician and surgeon; though no written or other instructions appear to have been given to that effect. It is, however, optional with the apothecaries to send for the superior officers, in any such case, but this they have found unnecessary, except on a few occasions.

The apothecary of the North Dublin workhouse, in addition, attends such labour cases as occur in the house.

From the 24th of April, 1848, to the 31st of August, 1841, the number admitted into the South Dublin workhouse was 4,615. During that period, it appears by the "registry of sickness and mortality" that 5,750 cases were treated by the physician and surgeon, of whom 4,367 were taken into hospital, and 1,383 attended in the infirm and nursery wards.

The deaths amounted to 426, being 9 1-5th per cent. on the workhouse admissions, and 9 per cent. on the hospital admissions.

The number of patients casually prescribed for is not recorded; but it may perhaps amount to 20, daily.

On the day of inspection, the hospitals contained 126 patients. There were, besides, 78 in the sick infirm wards, making a total of 204, more or less under medical treatment.

The number of days during which each patient on an average remained in hospital is nearly 24.

The number of destitute admitted into the North Dublin workhouse from the 4th of May 1840, to the 31st of August 1841, was 4,171; of which 2,550 were sent into hospital. The deaths amounted to 384, being 9 1-5th per cent. on the workhouse admissions, and 15 per cent. on the hospital admissions.

It thus appears that the deaths in both bear the same relative proportion to the number in the house.

About 35 are stated to be prescribed for daily, at this house, exclusive of hospital patients; some of the former in both houses require medical care, but others apply for it, with a view to induce the medical officer to order them a change of diet, in either case his time is equally occupied.

The average number of days during which each patient remained in hospital was 23 2-3rds.

I am of opinion that the duties of the medical officers of each institution are diligently and faithfully performed.

It is not possible to precisely estimate the time that must necessarily be occupied in the due performance of these duties, as much depends on the method and tact of the prescriber. But as all the sick in the hospitals, infirm wards, and nursery, and all the other inmates who report themselves to be ill, are daily examined by the physician or surgeon, the time so occupied must be considerable.

In some large public institutions, the minor medical duties are performed by the resident medical officer,

who refers to the physician or surgeon such cases as require their more particular attention. By this arrangement the time of the resident officer would be usefully occupied in prescribing for these lighter cases, whilst it insures his frequent surveillance over the entire of the sick department, and the attention of the superior officers to all that require it; were such an arrangement carried out in these workhouses, the time and labour of the physicians and surgeons would be considerably lessened; and, as the resident apothecaries are well educated and intelligent, it is reasonable to suppose that the sick would not be less efficiently attended. It is possible that the superior medical officers may not at present be favorable to such a subdivision of labour, but if the guardians concurred in this view, the medical officers would probably on reconsideration, see its advantages and readily fall in with it.

I annex a table which shews the sum fixed for medical attendance in each of thirty-five workhouses, by which it appears that the average cost per head on the full number which they are intended to contain, varies from a minimum of 10d. to a maximum of 2s. 8d.—the mean average of all being 1s. 4d. 2-3ds.

I have the honor to be, gentlemen, your very obedient humble servant,

(Signed) DENIS PHELAN,
Assistant Poor-Law Commissioner.

UNION WORKHOUSES PROVIDED FOR FIVE HUNDRED OR UPWARDS.

Table shewing the sum paid for Medical Attendance, and the average cost per head on the full establishment.

Name of Union.	*Number of Destitute provided for.*	*Medical Officers' Salaries.*	*Average Cost of Medical Attendance, per Head.*
		£	s. d.
Newcastle ..	550	75	2 8⅘
Clonmel ...	600	75	2 6
Waterford .	900	110	2 5⅓
North Dublin...	2,000*	210	2 1⅕
South Dublin ...	2,000*	210	2 1⅕
Gorey ...	500	50	2 0
Rathdrum .	600	60	2 0
Naas	550	50	1 9
Baltinglass ...	500	40	1 7⅕
Gort	500	40	1 7⅕
Trim	500	40	1 7⅕
Rathkeale ...	660	50	1 6
Fermoy ...	900	60	1 4⅔
Limerick ...	1,600*	110	1 4½
Edenderry ...	600	40	1 4
Cork	2,000*	130	1 3½
Ennis	800	50	1 3
Kilmallock ...	800	50	1 3
Londonderry ...	800	50	1 3
Strabane ..	800	50	1 3
Boyle	700	40	1 1⅘
Armagh ...	1,000	50	1 0
Ballinasloe ...	1,000	50	1 0
Belfast ...	1,000	50	1 0
Banbridge ...	800	40	1 0
Kilrush ...	800	40	1 0
Lisburn .	800	40	1 0
Longford ...	1,000	50	1 0
Loughrea ..	800	40	1 0
Lurgan ...	800	40	1 0
Middleton ...	800	40	1 0
Nenagh ..	1,000	50	1 0
Newry ...	1,000	50	1 0
Athlone ...	900	40	0 10⅘
Sligo	1,200	50	0 10
Mean average			1 4⅘

* The rations, &c., of the resident apothecary in each of these houses are assumed to cost the establishment £30.

Sir Robert Shaw then moved the following resolution:—

"That taking the letter of the poor-law commissioners into consideration, concerning the duties of the medical officers of this institution, resolved, that Doctors Nalty, Monks, and Kirkwood, be requested to obtain a report from two or more medical practitioners of eminence in this city, as to the duties necessary to be performed by the medical officers of this house, and also, as to the salary which would be fair remuneration, on the same scale as the other public institutions in the country."

His object in moving that resolution was, that in case the commissioners refused to agree in their proposal for increasing the salaries of their medical officers, the guardians should have the evidence of other medical gentlemen upon the subject, as well as that of Dr. Phelan.

The resolution, after a brief discussion, was carried unanimously.

BANDON UNION.—The workhouse of this union was declared, by the commissioners, ready for the reception of paupers, on the 29th of September, on which day the board of guardians met—Dr. BEAMISH in the chair.

One of the first propositions was the appointment of a medical attendant, on which some discussion arose; the assistant commissioner having submitted to the board whether they would appoint a physician and dispenser, or (as had been done at Kinsale) a physician only, who would provide for the dispensing of medicine. The chairman and Dr. Corbett, having been appealed to, the latter gave it as his opinion, that the offices should be distinct, and proposed a salary of fifty pounds per annum for the physician, and twenty pounds for the dispenser, which was seconded by John White, Esq., J.P., who looked upon it as degrading to the profession to ask a well-educated man, (and such he hoped the board only would elect) to compound the medicine. He also trusted, that they would not be niggardly in their remuneration to their physician, as it was bad economy. Mr. White's suggestion was well received by the members of the board present; but the chairman still thought that it should be left optional to the candidates to compound or not, as it might tend to lessen the expense. The resolution for the division of labour having been carried, the assistant-commissioner said that he would not feel warranted in recommending so high salaries as those proposed, nor did he think the commissioners would sanction them, but that he fully concurred in the necessity of selecting a medical man for the office, whom they (the board), as individuals, would call into attendance on their own families; and he most sincerely wished they could be more amply remunerated for what he would consider very arduous duties. Ultimately the respective salaries were reduced to £45 for physician, and £15 for dispenser, and the clerk was ordered to advertise accordingly. Although the workhouse is declared, the admission of paupers will not take place until the 20th inst., on which day the medical officer will be elected.—*From our private Correspondent.*

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, SEPT. 30.—Council met.

Dr. Clayton, of Athy, was enrolled a member of the Association, his subscription of 10s. having been forwarded by Dr. Waters.

Read a letter from Dr. Bradshaw, of Clogheen.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 6, 1841.

OPENING OF THE LONDON COLLEGE OF PHYSICIANS.

We request our readers, as a particular favour, to read Dr. Williams's letter on Medical Reform, and the editorial remarks of the *Medical Gazette*, published in our pages this day.* It will, we hope, serve to dispel the illusion which has so perniciously influenced many members of our profession, that the agitation of Medical Reform is criminal, and has for its object the destruction of existing institutions. To us it is cause of congratulation, that the course here proposed to be pursued, and which we are persuaded must sooner or later be pursued, is precisely the same as that proposed at the Medical Congress, held in Dublin, in 1838, and then and since advocated by us. It was then suggested that the Colleges of Physicians and Surgeons should unite and form one body, of which all properly educated, and regularly practising physicians and surgeons should be made members. To this the College of Physicians peremptorily refused to agree, and the College of Surgeons, although at first consenting, subsequently refused to sanction the plan. We stop not here to explain the cause of the defeat of the measure in the College of Surgeons; suffice it to say, that we venture to entertain a hope that many of the obstacles which then presented themselves have since been removed, and that if a similar plan should now be proposed, it might experience a very different fate. At all events, we most earnestly entreat the fellows of the College of Physicians of Ireland, to consider the course about to be pursued by the London College of Physicians, and to weigh well the consequences which may follow their adoption of a similar one. We endeavoured to unite the two branches of the profession by an incorporation of the two colleges, and this failing, we endeavoured to accomplish the same object by bringing them together in the College of Surgeons. We are now ready to use our best exertions to enable the College of Physicians to effect this most desirable object, although we would infinitely prefer a consolidation of the two bodies. "Salus populi suprema lex," is our adopted motto, and to it, we are bold enough to assert, from the commencement of our labours we have adhered. The public good, we maintain it, may be greatly advanced by a sound condition of our profession influencing measures directly affecting the comfort and health of the people, and this sound condition we shall endeavour to promote by every means in our power. If we cannot effect our object in one way, we will try anothe ; but by one or other we expect ultimately to succeed. We shall even be satisfied with instalments, should comprehensive final measures be unattainable.

Doctor Williams says that it is expedient that the distinctions between fellows and licentiates should cease," so say we with all our hearts ; it is a vile source of jealousy and discord, and as experience has fully proved, is worthless to those who prize it. Ours is no profession for artificial division into castes, and above all things, such division, when its professed object is to elevate one man over another, without substantial professional superiority, is to be deplored. He says that the management of the college should be conducted by a representative, and not a self elected council, and on this point also we entirely agree; if for no other reason, because experience has proved, that these same self-elected councils unless knitted together by pecuniary ties are idle, lazy, heartless, and powerless. They have no motive to stimulate them to exertion no good reason for devoting themselves to duties, which chance has imposed on them. Doctor Williams repeats what we have so often urged as to the position of our profession in the body politic, and its exclusion from all branches of the government. He very properly contrasts our condition with that of the army, the navy, the church, the bar, and so on, and points out how their and every other interest in the state are represented both in the legislature and executive, but he then expresses his belief, that the scheme of sending a medical representative to parliament is chimerical. Here we differ with him. If we acted in unison and conformity with some fixed principle, we could send a dozen ; not perhaps members of parliament exclusively devoted to medical affairs, but members pledged to pay attention to them, and to secure that consideration for them which their importance demands, and which is extended to every interest, which has its representatives in that body.

As Irishmen we shall not cease to express, not merely our deep regret or sorrow, but our indignation at the present system as applied to this country. Here are we, with a noble university, holding rank and power, and enjoying resources equal to either of the two universities of England, a college of physicians with ample estates and chartered rights, and a college of surgeons erected at an expense of forty thousand pounds of public money, yet unable to make our institutions available for the education of our youth, and compelled to send them to Scotch and English establishments to purchase that which they would obtain so much better at home. Let statesmen turn up their noses as high as they please, and express their contempt for the medical profession as long as they choose, but we can tell them sooner or later they may find cause to repent it. Every mickle makes a muckle says Sawney, and every case of mis-government we say swells the stream of discontent, and strengthens the general current of opposition. So let those whose business it is to look to such matters, consider them betimes.

POOR-LAW COMMISSIONERS' REPORT ON THE MEDICAL CHARITIES OF IRELAND.

This report, the recommendations contained in which we published in the fifth volume of the PRESS, may be procured from Messrs. Hansard, House of Commons, London. The cost is 1s. 4d., and 3d. postage : the former sum can be forwarded to Messrs. H. in a prepaid letter. Gentlemen whose hospitals and dispensaries have been inspected will do well to examine such parts of the document as relate to themselves.

PRACTICAL OBSERVATIONS
ON
CHOLERA,
PARTICULARLY IN REFERENCE TO THE TREATMENT OF THE DISEASE.
By RICHARD CRANFIELD, M.B., L.R.C.S.I., lately a Resident Physician in the Cholera Hospital at Grangegorman-lane, Dublin.
FANNIN & Co., Grafton-street.

TO MEDICAL GENTLEMEN.
DOCTOR CARTE having resigned the Shanagolden Dispensary, a Meeting of the Subscribers is requested at the Dispensary-house, at One o'Clock, on Wednesday, 13th October next, for the purpose of Electing a Medical Officer, and transacting other business connected with the Institution.
Salary £100 per annum; a House and Out Offices, with Ground attached.
GEORGE VINCENT, Clerk, Treasurer.
Shanagolden, Co. Limerick, September 27, 1841.

We have to apologise for the unavoidable omission of the remarks referred to: they shall, however, appear next week.

In the Press,

LECTURES ON POPULAR PHYSIOLOGY,

emprising plain Principles and Rules for the Preservation of the Functions of both Body and Mind in a state of Health.

By G. T. HAYDEN, M.B.,

Member of the Royal College of Surgeons in Ireland; Lecturer on Anatomy, Physiology, and Surgery, in the Original School of Medicine, Peter-street, and Master of the Anglesey Lying-in Hospital, Dublin.

CONDITIONS.

A Lecture (price 1s.) will be published every Month, commencing 5th November, 1841. It is hoped that the whole Work can be comprised in Twelve Numbers.

Each Lecture will be complete in itself as regards the subject treated of, while it still constitutes an integral part of the whole series.

Orders for the Work, Subscribers' Names, and Advertisements for the Wrapper, will be received by Messrs. FANNIN and CO., 41, Grafton-street, Dublin, and by all Booksellers.

Just Published, price 7s.,

FOURNET on AUSCULTATION, and on the Diagnosis, Curability, and Treatment, of the First Stage of Consumption.—Part the First.

Translated from the French, with Notes,

By THOMAS BRADY, M.B.,

Professor of Medical Jurisprudence to the College of Physicians and to the Dublin Law Institute; Physician to Cork-street Hospital, &c.

Churchill, London. Fannin and Co, Dublin.

"M. Fournet has given a new character of precision to many phenomena already imperfectly known, added some new ones, and taken a more complete and philosophical view of the system of respiratory signs than any previous author. He has pointed out the route, in his diligent investigations of the two murmurs, to, we doubt not, numerous important additions to semeiology; and taught us how much remains unexplored in this, as was hitherto supposed, almost exhausted field. * * * * He has assuredly himself learned the means of detecting consumption earlier than his predecessors. Some cases of the affection diagnosticated in the very incipient stage (and correctly, as the event proved), drew this admission from some of the members of the Academy of Medicine."—*British and Foreign Quarterly Review – No. XVIII., page* 342.

WESTERN MEDICAL SOCIETY.

The last Meeting of the Western Medical Society (for the Session of 1841) was held in Bandon on Wednesday, the 22d instant—Dr. CORBETT, of Innishannon in the Chair—when the following resolution, proposed by Dr. Wood, of Bandon, and seconded by Dr. Cleburne, of the Ovens, was unanimously adopted:—

Resolved—That, deeply impressed with the necessity of a full legislative reform in the medical profession, and of a radical change in the present system of medical education, we continue determined, by every means in our power, to further the exertions of the Medical Association of Ireland, for the attainment of these most essential objects; and we pledge ourselves to use every effort to remove the disadvantages under which we labour as a profession, whether arising in courts of justice, at coroners' inquests, or from the system of relief established by law for the poor of this kingdom; and we trust that the medical profession throughout Ireland will lose no time in making a decided and unanimous appeal to the present parliament for the redress of those grievances under which it has so long and so unjustly suffered.

SAMUEL WOOD, A.M., M.B., Sec.

TO MEDICAL STUDENTS.

DR. ARTHUR MITCHELL, Lecturer on Botany and Natural History in the Richmond Hospital School of Medicine and Surgery, will, in future, meet his Classes (for the convenience of Students) at the Medical Literary Institution of Messrs. FANNIN & Co. Grafton-street, where—or at his Residence, 30, Harcourt-street—Students can apply for information relative to his Lectures.

A report having got into circulation that Dr. M. had gone to live in Peter-street, he begs to contradict it.

Dr. M. begs Students will observe, his Christian name is ARTHUR, his Residence, 30, Harcourt-street, and his Class-rooms are at Messrs. FANNIN & Co.'s, 41, Grafton-street—entrance by the Shop—and that he has no connexion with any person of the same name in this city.

N.B. The Doctor has been engaged, as a private Teacher, for thirteen years; and Students are prepared by him for the following examinations, viz.:

M. B. Trinity College, Dublin, or University of London, (for which examinations there are separate Classes) Apothecaries Halls, Dublin and London—and for the Pharmacy examination, Royal College of Surgeons, Ireland.

UNIVERSITY OF LONDON.

FACULTY OF MEDICINE.

NOTICE IS HEREBY GIVEN, that the Second EXAMINATION for the Degree of BACHELOR of MEDICINE will commence on MONDAY, the 1st of November; and that for the Degree of DOCTOR of MEDICINE on MONDAY, the 22nd of November. Candidates for the latter Degree, who have taken a Degree in Arts in any one of the Universities of the United Kingdom, will be exempted from the Examination in Intellectual Philosophy, Logic, and Moral Philosophy.

The Certificates required must be transmitted to the Registrar fourteen days before the commencement of the Examination to which they refer.

By order of the Senate,

R. W. ROTHMAN, Registrar.

Somerset House, Sept. 21, 1841.

ORIGINAL SCHOOL OF MEDICINE,

PETER-STREET, DUBLIN,

ESTABLISHED IN THE YEAR 1810, BY JOHN KIRBY, ESQ., L.L.D.

THE NEXT WINTER SESSION

WILL COMMENCE 1ST NOVEMBER 1841.

Anatomy and Physiology—Dr. HAYDEN.

Theory and Practice of Surgery—Mr. TAGERT.

Operative Surgery—Dr. HAYDEN.

Practical Anatomy, &c.—Messrs. SAWYER and FORREST, with an Assistant Demonstrator.

Midwifery and Diseases of Females and Children—Dr. IRELAND.

Materia Medica and Therapeutics—Dr. EADES.

Practice of Physic—Dr. SARGENT.

Gas-light in the Anatomical Rooms as usual.

Particulars, with reference to the School and Anglesey Lying-in-Hospital, may be learned from Dr. HAYDEN, 32, Harcourt-street; Dr. HUMPHRYS, at the Hospital; or from any of the Lecturers.

CITY OF DUBLIN HOSPITAL.

THE course of practical Medical and Surgical Instruction, in this Hospital, will commence on MONDAY, the 22d of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Apjohn, Dr. Benson, Dr. Houston, Dr. Hargrave, and Mr. Williams.

Clinical Lectures on Diseases of the Eye will be given by Dr. Jacob, illustrated by the cases, both intern and extern, which the Pupils of the Hospital will be privileged to attend without additional fee.

Dr. Marsh, the consulting Physician; Dr. Colles, Mr. Wilmot, and Mr. Porter, the Consulting Surgeons; and Dr. Beatty, the Consulting Accoucheur, give their assistance in cases requiring consultation.

The Certificates of Attendance are received as qualification by all the Colleges.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

The Winter Session commenced on the first day of October.

The usual Courses of Clinical Instruction will be delivered at the Hospital during the Session, by the Physicians and Surgeons of the Institution.

A Surgical Registry of all Cases admitted into the Hospital is carefully preserved, and is open to the inspection of the Pupils.

A Dispensary is attached to the Hospital, in which the Pupils are allowed to perform all the minor operations in Surgery, under the guidance of the attending Surgeons.

From two to three hundred patients are prescribed for, and relieved in the Dispensary daily.

Arrangements have been made to prevent the hours of Attendance and Lectures from interfering with any other Place of Instruction in Dublin.

The Hospital is only a few minutes' walk from the Royal College of Surgeons.

MEDICAL LECTURES BY

Doctor Robert J. Graves, Professor of the Institutes of Medicine, School of Physic in Ireland; and Doctor William Stokes, Professor of Theory and Practice of Physic.

SURGICAL LECTURES BY

Sir P. Crampton, Bart,, Surgeon-General, &. &c.; Cusack Roney, A.M., M.R.C.S.I., &c. &c.; William H. Porter, A.M., Professor of Surgery, Royal College of Surgeons in Ireland, &c. &c.; Maurice Collis, A.M., M.R.C.S.I., &c. &c.; Josiah Smyly, A.M., M.R.C.S.I., &. &c.; Francis Rynd, A.M. M.R.C.S.I. &c. &c.

A Public distribution of Prizes will take place at the termination of the Session.

For further particulars apply to Francis Rynd, Esq., Secretary, 19, Ely-Place, or at the Hospital.

MERCER'S HOSPITAL, WILLIAM-STREET, DUBLIN.

The WINTER SESSION WILL COMMENCE on the 31st of OCTOBER.

In this long established Hospital the most extensive opportunities are afforded of witnessing the treatment of Medical and Surgical Disease, and from its vicinity to several schools of Medicine and Surgery, the pupil can prosecute his various studies without loss of time.

The daily visit will take place at Nine o'clock A M. and due notice will be given of Operations at unusual hours.

Clinical Lectures will be delivered in the Theatre, by the Physician and Surgeons, on two days in the week, exclusive of daily remarks at the bed-side.

An experienced assistant resides in the Hospital, and diligent pupils of two years' standing, who have been duly examined and approved of, are eligible to the office.

Dressers are selected from the class according to their merits without additional payment.

The attention of the pupils in the Medical Wards will be, throughout the course, directed to the use of the Stethoscope, and one day in each week will be specially devoted to the practice of Auscultation.

The attendance on this Hospital is recognized by the King and Queen's College of Physicians in Ireland; by the University of Edinburgh, as constituting an Annus Medicus for One Year, by the Royal Colleges of Surgeons, and by the several companies of Apothecaries in the United Kingdom.

Information as to further particulars may be had of Mr. Scraggs at the Hospital.

PHYSICIAN—JONATHAN OSBORNE, M.D., 16, Harcourt-street.

SURGEONS—ALEXANDER READ, Esq., 11, Humestreet. WILLIAM AUCHINLECK, Esq., Surgeon to Simpson's Hospital, 39, Dominick-street. WILLIAM DANIELL, Esq., 26, Baggot-street. ABRAHAM PALMER, Esq., 38, York-street. WILLIAM TAGERT, Esq., 21, French-street.

UNIVERSITY OF GLASGOW.

MEDICAL DEPARTMENT.

THE following Lectures, on Medical Subjects, will be delivered during the ensuing Session, each Course commencing as specified below, and continuing for Six Months, with the exception of the Lectures on Botany, and on the Eye, which continue for Three Months.

Medical Jurisprudence; Robert Cowan, M.D., Tuesday, 2d November, 1841, at 8 o'clock, A.M.

Surgery; John Burns, M.D., Tuesday, 2d November, 1841, at 9 o'clock, A.M.

Chemistry; Thomas Thomson, M.D., Tuesday, 2d November, 1841, at 10 o'clock, A.M.

Midwifery; John M. Pagan, M.D., Tuesday, 2d November, 1841, at 11 o'clock, A.M.

Practice of Medicine; ..... Tuesday, 2d November, 1841, at 12 o'clock, noon.

Anatomy; James Jaffray, M.D., Tuesday, 2d November, 1841, at 1 o'clock, P.M.

Materia Medica; John Couper, M.D., Tuesday, 2d November, 1841, at 4 P.M.

Anatomical Demonstrations; Thomas Marshall M.D., Tuesday, 2d November, 1841, at 5 P.M.

Botany; ..... 1st February, 1842, at 6 o'clock, P.M.

Institutes of Medicine; Andrew Buchanan, M,D., Tuesday, 2d November, 1841, at 7 o'clock, P.M.

Lectures on the Eye; William M'Kenzie, M.D., Tuesday, 2d November, 1841, at 8 o'clock. P.M.

The Fee for each Course is Three Guineas.

The Dissecting-room is open daily for Students of Practical Anatomy, under the superintendance of Dr. Thomas Marshall, Demonstrator of Anatomy.

Fee, including Demonstrations, Two Guineas.

The Laboratory is open daily for Students of Practical Chemistry, under the superintendance of Dr. Robert D. Thomson. Fee One Guinea per month, or Five Guineas for the Session.

The Royal Infirmary, a General Hospital, containing above 400 beds, is open to all Students. Fee Seven Guineas for two years attendance, including two courses of Clinical Lectures, and the chance of a Dressership without additional fee.

The Lying-in Hospital in connexion with the University, is open to Students of Midwifery. Fee One Guinea for Six Months.

The Eye Infirmary in connexion with the University, is open to all Students. Fee Two Guineas for Six Months.

The Royal Botanic Garden, in connexion with the University, is open to Gentlemen attending the Botanical Lectures. The Hunterian Museum is open to all Students attending the University.

Glasgow College, September 16, 1841.

SCHOOL OF MEDICINE,

PORTLAND-STREET, GLASGOW.

Lectures on the following Branches of Medical Science, will be delivered during the WINTER SESSION, commencing on Wednesday, the 3d of November, 1841, and continuing daily, till the end of April:—

Anatomy and Practical Anatomy; Mr. Douglas.
Chemistry; Mr. M'Gregor.
Surgery; Mr. Lyon, Surgeon to the Royal Infirmary.
Practice of Medicine; Dr. Weir, Physician to the Royal Infirmary.
Materia Medica; Mr. Muter.
Midwifery; Dr. A. M. Adams.
Theory of Medicine; Dr. Macdonald.
Medical Jurisprudence; Dr. Cleland.
Botany; Dr. Gibson.

Fee for each Class, Two Guineas.

Certificates of attendance on these Lectures are received by the Army and Navy, the Hon. East India Company, and all Licensing Boards.

16, Portland-street, George-street, Glasgow,
September. 1841.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, October 6, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXLV.] DUBLIN, WEDNESDAY, OCTOBER 13, 1841. { PRICE SIXPENCE. STAMPED.

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ACADEMY OF MEDICINE OF PARIS.

SEPTEMBER 14.

FORMATION OF ARTIFICIAL ANUS IN OBSTRUCTION OF THE INTESTINE.

M. CORNAC stated that he had travelled to Rouen with one of the patients on whom M. Amussat had operated: he enjoyed good health, expressed his satisfaction at having submitted to the operation, and experienced no inconvenience from the artificial anus. He regretted that Talma and Broussais had not been operated on.

M. Breschet bore testimony to the value of M. Amussat's operations. He did not, however, think that the formation of an artificial anus was indicated in the cases of Talma and Broussais, both of whom he had attended. The *post-mortem* examination showed that in Broussais's case the intestine was not completely obstructed; while Talma died, in fact, of rupture of an aneurism of the heart, which affection was attributed to the performance of certain parts, in the exercise of his profession; that of Orestes, for example. Dupuytren had seen Talma, and agreed that an operation was not admissible in his case.

M. Begin had also attended on Talma, and witnessed the *post-mortem* examination of the body. He utterly differed from M. Breschet as regarded the question of operation; for, in his opinion, if the operation of forming an artificial anus was ever indicated, it was so in such a case as that of Talma. The intestine was not affected with cancer, but was completely obliterated above the rectum by an indurated and uniform constriction, above and below which the gut was sound; thus constituting an almost unique species of stricture. The fœces, which had been completely obstructed, were accumulated above the stricture, and produced enormous distention of the intestine, which projected towards the rectum, so that the finger passed into that gut experienced a distinct fluctuation, a kind of *ballottement*, as when the impregnated uterus is examined. M. Begin proposed to Dupuytren to perforate this sac through the rectum and had imagined an instrument for the purpose, with the view of obviating effusion of the fœcal matter: the proposal was not, however, acceded to. The aneurism of the heart could not have contraindicated the operation, as its existence was not known until after death.

M. Amussat expressed his satisfaction at the opinions of MM. Cornac and Begin. With respect to the case of Talma, M. Begin had shown that the operation was perfectly practicable, if not in the loins at all events through the rectum; and it would, no doubt, had it been performed, have prolonged life.—The same result would have followed an operation on Brousais, who was constipated 21 days previous to death; and the very fact that the rectum was not in an advanced state of cancerous disease rendered the operation more called for.

M. Gerdy quite agreed with M. Begin, that the operation through the rectum was much less formidable than the formation of an artificial anus in the lumbar region. M. Gerdy had operated several times on new-born infants with success. In one case there was no external trace of anus. As to the effusion of fœcal matter apprehended by M. Begin in the operation which he had proposed in the case of Talma, this effusion was much more to be apprehended in operating on the lumbar region. An important point was to measure the danger of the constipation produced by stricture of the rectum; constipation, no doubt, was a serious evil, but there were many individuals who bore it with impunity for a very protracted period. Every one knew the case of the surgeon who

went from Paris to Senegal, remained there some time and returned to Paris, where he had an evacuation from the bowels, which had not occurred during the entire period of his absence from that city; and this occurred to him several times without his health being compromised. Some individuals can pass weeks and months without going to stool; and this was a fact which the surgeon should bear in mind, and which should make him slow to operate in a case of simple stricture. Nature seems to recur in such cases to a process which has been termed "*debacle*," which consists in the liquid portion of the fœces accumulating above the stricture, forcing for themselves a passage from time to time, and liquifying the solid fœces, which thus become capable of being expelled. This, however, does not always occur, and in some cases the operation should not be deferred.

ACADEMY OF SCIENCES, PARIS.

September 13.

ON PSEUDO-STRANGULATION OR SIMPLE INFLAMMATION IN HERNIA. BY M. MALGAIGNE.

Eighteen months have elapsed since, in a memoir, purely historical, I carefully examined all the doctrines hitherto received respecting strangulated hernia, and came to the unexpected conclusion that they rested on very uncertain foundations. This appeared to savour of temerity, and though my conclusions have remained now for eighteen months unimpeached, they are still regarded with some distrust by many surgeons. Following up the same line of investigation, I shall now examine another generally-received doctrine, and demonstrate, not merely that it is unsupported by facts, but that it is contrary to facts. I shall show that certain conditions of hernia which have been confounded with strangulation are utterly disconnected with that state of things, and, in a word, that one of the most fatal operations of surgery has been too often performed on illusory indications.—Before entering on the discussion of this point, it is essential to define the actual condition of surgery respecting it.

Since the revival of sciences in the West, three great philosophical dogmas have successively prevailed in the schools—first, the Catholic dogma, or the belief in authority; secondly, the Cartesian dogma, or the belief in pure reason; thirdly, the Baconian dogma, or the belief in experiment—a dogma too often appealed to, but rarely accepted in all its rigor, but which latterly seems destined to exert a great influence on medical researches. In these successive changes, it is remarkable that medicine has always taken the initiative, and that the revolutions of surgery have subsequently followed. A remarkable example will illustrate this, and at the same time lead us to our immediate subject.

At the commencement of the present century two men of great talent undertook to co-ordinate for medicine and surgery respectively, whatever was most positive in the labours of their predecessors; and the result was, the almost simultaneous appearance of the nosology of Pinel and the surgery of Boyer, works written in the same spirit, with equal talent and knowledge, and both received as they then deserved to be, as the oracles of science. But what has since occurred? A more rigorous observation has reduced to their just value the pathological entities of Pinel, and the fantastic cortege of symptoms with which they were surrounded, while Boyer has retained all his authority, and bating some details, consisting of more modern acquisitions, still remains the classical authority of surgery.

It may be asked, does the advantage in this instance lie at the side of surgery? Has it acquired more fixed and certain principles than its rival, medicine? This would be an inexplicable phenomenon to those who have seriously studied the history of our art. The truth is, that the usual course of events has remained unaltered. Boyer has survived Pinel, as Guy de Chauliac survived Avicenna, as Ambrose Paré outlived Fernelius. Surgery, as in former times, has been slower in reforming itself; and surgeons of the present day have not yet seen that Boyer's Surgery contains pathological entities as unreal, groups of symptoms as fantastical as were those of Pinel.

These reflections are important, and must be kept in mind if we wish the field of research to remain unfettered by obstinate scholastic prejudices; and that in surgery, as in all other sciences, there shall be but one judge—namely, experience.

When a hernia becomes suddenly incapable of being returned into the abdomen, is accompanied with more or less of pain, and excites general phenomena more or less serious, as constipation, vomiting, and hiccup, it is said to be strangulated. If the progress of the symptoms is rapid, it is called inflammatory strangulation; if it is slow, there is said to be strangulation from obstruction. But in both cases an operation is the common resource; and the rule is, not to defer it too long. Even in the latter case, Boyer says the operation is indispensable if the symptoms augment; and further, in old and feeble patients if there be no aggravation of the symptoms, he recommends that the operation should be performed by the third or fourth day.

Did Boyer, before he established these formidable rules, maturely weigh the gravity of the operation? Misled by I know not what reverence for the authority of a bygone age, he repeated, after Pott, "the operation for hernia is not in itself dangerous." This fact must assuredly astonish any one who has practised or even witnessed the operation in question; in order, however, to establish the chances of the operation categorically, I have collected all the operations for hernia performed in all the hospitals of Paris, both by my colleagues and myself, during a period of five years and some months, from 1836 to 1841, and have obtained the following result:—

In 183 operations there were 114 deaths. I then investigated the proportion of mortality in old persons, in whom Boyer so strongly recommended the operation, and found that of 97 persons between the ages of 50 and 80 operated on, 70 died—that is to say, almost 3 in 4.

This first contradiction between facts, and the assertions of Boyer already suffices to exemplify how far imagination replaced experience in the surgery of the eighteenth century. Let us now examine further, and inquire what is obstruction.

"Obstruction," Boyer says, "is occasioned by an accumulation of hardened fœces in the hernia." He adds, that it occurs frequently in old herniæ, as the excrements habitually collect in them, because of certain theoretical reasons which he cites.

In the first place is it true that the fœces habitually accumulate in old herniæ? I may say, without exaggeration, that I have seen and felt upwards of three thousand herniæ, and so rare is the fact which Boyer speaks of as habitual, that I have never yet encountered it. To render the demonstration of this fact more glaring, I selected in the Hospital Bicetre, to which I am surgeon, some of the oldest and largest herniæ of which we have any account.

One hernia was twenty-eight centimetres in height, and sixty-two in circumference—another twenty-four in height, and sixty-four in circumference, and two others were of nearly the same magnitude. I examined these herniæ carefully; perceived they yielded a clear sound, almost throughout; no where were

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they very dull, in no situation could hardened fœces be felt, the patients went regularly to stool, and yet these cases combined in the highest possible degree all the theoretical conditions indicated by Boyer.—Further, I have repeatedly dissected herniæ remarkable for their bulk, and never found in them an accumulation of hardened fœces.

I must confess that I am astonished at the inadvertence of our theorisers; there is not, there cannot be indurated fœces, or even fœcal matter at all, save in the large intestines; and hernia of the large intestine occurs, perhaps not in one of twenty cases of intestinal hernia. Thus, in ninety-five of a hundred instances the case as laid down in the books, is physically impossible, as it can only occur in hernia of the large intestine. But even in hernia of the large intestine, I have never on dissection, met with even a single case of accumulation of fœcal matter in the hernia, whether the patient died of an affection connected with the hernia or not. I go farther, I have examined every author that I could procure, I have collected every case in which the cause of the symptoms was revealed, whether by operation or dissection, and in the whole mass of cases, I have found but one solitary case in which there was really accumulation in the intestine. But the authors of the theory of obstruction never witnessed even a single case.

Thus the definition of obstruction is contrary to facts; the data on which the theory rests are contrary to facts; the very word has no real meaning, and should only be retained in science, as the memorial of a great and deplorable error.

Is it not, however, possible, that though the disease was inaccurately named, it was nevertheless exactly described, and the indications well determined? Just as the last partisans of Pinel consent to alter the names of fevers, in order to save the existence of the fevers themselves: surgeons will not, however, succeed in this better than the physicians; the disease described is imaginary, and a series of imaginary and sometimes contradictory descriptions have been attributed to it. Thus at one time it is said that in order for obstruction to occur, the hernia should first exist by an opening of *small extent;* in the following page we are told that the orifice of exit, must be *considerably dilated.*

In one paragraph it is said that the symptoms of obstruction are *always* developed slowly, and again it is said, that sometimes they are as *acute and urgent* as in inflammatory strangulation; and as this latter, though usually remarkable for the *rapidity and urgency* of the symptoms, sometimes is slow in its progress, the reader is embarrased in a tissue of contradictions, and the author escapes from the dilemma by adopting a common practice in all cases.

Like all surgeons, I have paid a fatal tribute to this fatal doctrine; I operated in one of those cases of pretended obstruction; there was neither obstruction or strangulation, and the patient died. Similar errors will be found to have been committed by Pott, Dupuytren, and A. Cooper; and I could cite similar examples from the practice of the most celebrated surgeons of the present day; and all errors of the kind are far indeed from having been published. Errors do I say! why many surgeons have published their cases, terminating in the death of the patient, and justifying their conduct by shewing that it was conformable to established rules.

Having thus pointed out the danger, it remains to see whether it can be avoided, or whether it flows from the very nature of things. I think that in the majority of cases, clear and precise indications may be established, and that those indications are to be deduced from the exact study of the various morbid conditions which a hernia may present. It is not my purpose to treat in its whole extent the immense question of strangulation, but yet I shall state as the most general conclusion of my researches on the subject that three principal elements are involved in strangulations, two of which are primary and one secondary.

1. Pure and simple strangulation, which is of rare occurrence, which occurs without inflammation, and produces gangrene in a few hours.

2. Pure and simple inflammation, very common, and which is almost always limited to the serous tissue.

3. Inflammation *en masse* of the viscera contained in the hernia, of the epiploon with its adipose tissue, of the intestine and all its coats. This third element seldom occurs, except consecutively to the two others, either as an effect of the strangulation when it is not forcible enough to produce gangrene, or from irrational perseverance in the taxis in cases of simple peritonitis of the hernia.

As to the obstruction of authors it is a creature of the imagination, and it is the unknown peritonitis of the hernia that has been treated, and very badly treated, under that name.

This peritonitis however, scarcely mentioned *en passant* by the most modern authors, is the most frequent accident to which herniæ are liable, and it has probably been overlooked, because hernia has not been sufficiently studied by surgeons in its simple state. This is strange; the results of the inflammation, and even its symptoms have been appreciated, but have not been traced to their true cause, and when these results and symptoms have occurred in their most acute and formidable shape, they have been confounded with those of strangulation.

This inflammation may occur in various degrees, which may be reduced to two principal types, the adhesive, and the suppurative inflammation.

The adhesive inflammation is often slight and transitory, is revealed by colic more or less acute, sometimes by symptoms of indigestion, or may go so far as to excite vomiting, hiccup, &c., as real strangulation would do. The hernia is then irreducible, the taxis only aggravates the symptoms; and yet, in this condition of things, confinement to bed, and cold or warm topical applications frequently suffice to effect the reduction. I have had occasion to study this form of the affection in my patients at Bicetre, and I have related several cases of it. I may add, that Richter built on such cases the entire structure of his hypothesis of spasmodic strangulations.

Finally, at a more advanced stage the hernia remains irreducible; several days or even several weeks are required to allay the inflammation, and effect the reduction. In one case of epiplocele, I could not return the hernia until the eighth day, in another case of intestinal hernia, the reduction could not be effected till the tenth day. This latter case is particularly remarkable, because as the patient died two months subsequently of another affection, we were enabled by dissection to establish the following points.

1. The hernia was constituted by the sigmoid flexure of the colon, and despite that circumstance, so favourable to obstruction, it had always during the inflammation yielded a clear and tympanitic sound.

2. While the entire hernia still protruded externally, the ring which it traversed, readily admitted of the passage of three fingers conjointly, which excluded the possibility of real strangulation.

When we succeed in reducing these herniæ, there remains scarcely a trace of the adhesive inflammation, save at the most depending part of the sac, where the peritoneum is thickened, hard, rough, and often presents blackish spots. If from any cause the hernia is left protruding in whole or in part, adhesions

are formed; and as I have said, that adhesive inflammation is the most frequent accident that attends hernia during life; so after death the frequency with which we encounter adhesion and thickening of the sac completes the demonstration, and proves the frequency of the cause producing them.

Suppurative inflammation is infinitely rarer, and its existence cannot be established, save by an operation or post-mortem examination. I witnessed a remarkable case of it in an old man aged 79, who was affected with an enormous hernia, and died of the attack. The dissection was conducted with great care, and without in the least disturbing the contents of the hernia; it was ascertained that the ring readily allowed of the entrance of the two fingers beside the neck of the hernia; consequently there had been no strangulation, and yet the symptoms during life required the operation according to existing doctrines.

We have now to consider how we are to distinguish these cases of inflammation from cases of real strangulation, and what line of practice we should adopt respecting them. The following sums up in a few words my researches on these points.

1. In all old intestinal herniæ of large size, which have never been kept up by a truss, or where a truss if ever worn has been long laid aside, no real strangulation can exist, the ring or rings being very much larger than is sufficient to accomodate the volume of the neck of the hernia. This general fact is deduced from all the observations which I have been enabled to make, whether during life or death, and I have not as yet met with a single exceptional case.

2. In pure epiploceles, however bulky they may be, there most frequently exists an adhesive or suppurative inflammation, which is mistaken for strangulation: I say most frequently, for I do not absolutely deny that strangulation may be in this case possible; but I have certainly never seen it; I have not found in the books an authentic example of such an occurrence, and the reality of such a strangulation has yet to be proved.

3. Consequently in the two cases here specified, the operation is always irrational; and with the exception of the taxis at the invasion and decline of the inflammation, the treatment should be purely antiphlogistic — *Gazette des Hopitaux.*

EXTRACTS FROM PERIODICALS.

STAMMERING.

SECTION OF THE SUB-LINGUAL NERVE. BY M. PHILLIPS.

The operations performed at Paris for the cure of stuttering, excited discussions which led to an exact appreciation of the value of section of the muscles of the tongue. On the other hand the success of Dieffenbach's operations could not be questioned, and thus we had the two following orders of facts:—

1. The almost constant failure of the operators at Paris.

2. The almost constant success of the Berlin surgeon.

The analysis of M. Dieffenbach's operations explains his success, and this analysis suggested to me an operation which I have lately performed.

M. Dieffenbach's success does not arise from excising a portion of the tongue, for he was equally successful when he divided the entire thickness of the tongue, save only its mucous membrane.

If we follow the trajet of the bistoury through the tongue, we shall find that it divides the nerves which connect that organ with the two nervous centres, and that the two sub-lingual nerves are cut. These nerves, as Müller states in his physiology, are the principal nerves of phonation, on which depend *all the motions of the tongue.*

I resolved, therefore, to divide these nerves, avoiding the transverse section of the tongue, which I was not courageous enough to attempt. This operation I performed in the following way.

The patient was seated, the mouth kept widely open by an assistant, by means of a flat hook at each commissure of the lips, and the tongue drawn forwards, by a second assistant, with Mureux's hook. I then passed two fine hooks into the blueish groove that separates the tongue from the floor of the mouth, and made an incision with a scissars between the two hooks. The wound was now enlarged, its lips separated by the hooks, and, being sponged, the ranine vein was seen, and was detached to a small extent, and pushed back with a blunt instrument. The sub-lingual nerve was now clearly seen, and being seized with a blunt hook was divided. The same operation was then performed on the other side of the tongue.

There was scarcely any hæmorrhage; but the sudden and abundant secretion of stringy mucus was very embarrassing. The patient experienced some pain, followed by an inexpressible anxiety; when the nerve was cut, the pain was extreme, the patient turned pale, his eyes filled with tears, and he became instantly bathed in cold perspiration.

When the nerve on one side was divided, the assistant who held Mureux's hook let the tongue loose; the organ became stiff, and oscillated horizontally in the mouth like a pendulum. This motion continued during two or three minutes.

Immediately after the operation the patient ceased to stutter. It remains, however, to be seen what will be the result of other similar operations, or if the success in this case will be permanent. A month has elapsed since the operation, and the infirmity still remains completely removed.

It is remarkable that the patient was affected with convulsive motions of the face, whenever he attempted to speak: this infirmity has been completely removed. *Gazette des Hopitaux.*

RUPTURE OF THE UTERUS AND ESCAPE OF ONE OR MORE FŒTUSES INTO THE ABDOMINAL CAVITY.

Mr. Randell, of Acle, has published in the *Medical Gazette* the following remarkable case:—

Mrs. ——, ætatis 35, of pale aspect, but plump appearance, sent for me in the evening of the 3d of April, 1841, in consequence of her having been attacked during the day with pain in the lower and fore part of the abdomen, recurring at intervals of about a quarter of an hour. She stated that she believed herself to be about five months advanced in pregnancy, and had felt the motions of the fœtus about three weeks previously. The bowels had not been relieved for three days, and she was naturally very costive. Whilst sitting by her bed-side she experienced a recurrence of pain; and placing my hand upon the abdomen, I felt immediately a decided uterine contraction.

There was a good deal of tenderness generally about the whole abdominal surface, which she said she had felt for some time. . . . . Considering it probable that prematnre labour was about to commence, I merely ordered her to keep quiet in bed, and to take an ounce of castor oil immediately; and if it did not relieve the bowels by the morning, to repeat the dose, and likewise to foment the abdomen by warm moist flannels, and to acquaint me in the event of a recurrence of pain.

4th.—She passed a restless night until near morning, when, after copious relief from the bowels, the pain left her, and she fell asleep for a few hours. . . .

On the 5th she was better, had passed a good night, and was free from pain.

In the evening, however, she again sent for me in consequence of an increase of pain, which had resumed the periodical character it first had; and therefore, to satisfy my mind fully, I proposed an examination per vaginam, to which she assented. On the closest investigation, however, I found not the slightest dilatation, or discharge; but the os tincæ appeared as small and as rigidly contracted as in the virgin state; I therefore simply ordered her to repeat the anodyne draught as before, to use poppy fomentations, and, as the pain was seated completely on the left side, afterwards to apply a blister.

On the 6th she was much better. I merely continued the powders. The blister had entirely removed the pain. The bowels, however, had not been relieved since the 4th; I therefore requested her to repeat the castor oil.

From this time she daily improved until the 10th, when, in the night, she was suddenly seized with hæmorrhage from the uterus, accompanied with occasional small grinding pains, which continued from 2 o'clock, A.M., until 8, A.M., when both appeared as suddenly to cease. She stated, however, that, although she felt in every respect better, she had been very faint during the night; and, notwithstanding this feeling had in a great degree gone off, yet she still felt very "oddly." This determined me to make another very careful external examination, for I entertained some suspicion, from the altogether unusual character of her symptoms, that there was something extraordinary in the case, which I could not satisfactorily account for. On doing so I was instantly and very forcibly struck with the very plain manner in which I could now feel the fœtus, its knees, elbows, &c. and below it apparently the enlarged uterus very distinctly. The whole abdomen, too, appeared enlarged since my first examination, and the child appeared to lie transversely across it, principally above the umbilicus. . . . . .

11th.—Has passed a good night, and had no return of pain or hæmorrhage, I now made another careful examination both externally and internally, and the result was that I became convinced, from the very plain and unusually distinct manner in which I could define the head, limbs, and trunk, of the fœtus, its ribs, &c., that it was a case of extra-uterine fœtation. The os tincæ was still closed, and its neck appeared so much contracted, as to render it extremely tuberose to the touch. All hæmorrhage had ceased as well as pain. The extraordinary nature of the case rendered it desirable that my own opinion should be confirmed by another's, and I therefore at once proposed a consultation. Dr. Lubbock was soon after called in, and having instituted a very minute and careful examination, he came to the same conclusion as myself, that it was undoubtedly a case of the nature I have described, and wished that exactly the same plan of treatment should be pursued, and the patient for the present left as much as possible to nature.

On the 12th there was a slight return of hæmorrhage, but no change in any other respect.

. . . . . .

She continued in this way, without any material alteration in her feelings, until the 20th, with the exception of all loss of feeling respecting the fœtus, since the last attack of hæmorrhage, and that the abdomen appeared to be more relaxed and flabby. The fœtus, too, which, if possible, was to be more distinctly felt than ever, she remarked, appeared to settle or gravitate to the most depending part, according to whichever side she rested upon; although its principal situation was still on the right side of the umbilicus, and a little above it. On the morning of this day, however (20th), she had been attacked with small grinding pains, and had passed a few coagula, mixed with what appeared to be portions of deciduous membrane. I therefore made an examination per vaginam, and for the first time felt the os tincæ relaxed and dilated to the extent of a crown-piece, and its mouth occupied by a coagulum. On removing this, and introducing the index finger within its cavity, I felt, although scarcely within touch, something like the head of a fœtus. I therefore directed her to keep very quiet, to take only broth and gruel alternately, in order to support her strength, and to acquaint me as soon as the pains begin to increase. I heard no more from her till six in the next evening, when, on my return from visiting my other patients, I found they had twice sent for me.

On examination at this time I found the os uteri two-thirds dilated, the fœtal head presenting, and just dipping below the superior margin of the pelvis, and that there had been a constant draining of arterial coloured blood during the day. The pulse, however was good, she had taken a good deal of nourishment, and had not once complained of feeling faint. As the pains appeared tolerably efficient, I suffered her to go on without rendering her any more than the ordinary assistance; but after waiting three-quarters of an hour, finding the head made no progress, and that the pains also began to flag, I gently introduced the vectis, and speedily extracted the fœtus, which appeared to have attained the age of seven months. But little contraction of the uterus followed, although I gave her (as is my usual custom) 35 drops of laudanum, and half an ounce of brandy, in a wine glassful of cold or tepid water, and made use of pressure and friction with my hand on the abdomen for twenty minutes or longer. On doing so, however, I still felt the fœtus in the abdomen as plainly as ever, only that it now appeared to have sunk a little lower down; and thinking it just possible that the parietes of the uterus might be extraordinarily thin in this case, so as to deceive me as to its being extra-uterine (although I believed I could still plainly distinguish the uterus by itself in the hypogastric region, only more contracted than before), I determined, as there were no urgent symptoms, to wait a little previous to my attempting to extract the placenta, as is usual with me at the expiration of this portion of time from delivery. No flooding or any other untoward symptom succeeding, I waited for an hour and three-quarters, when, for the first time since the birth of the fœtus, she suffered a slight pain; this was soon followed by others, and by gentle flooding. I immediately introduced my fingers as high as I could reach, and felt nothing but the placenta. I then gently introduced the left hand into the uterus, and still no fœtus was to be felt.

Having satisfied myself, therefore, that the other child was not in the cavity of the uterus, I proceeded at once to extract the placenta, which I found partially adherent to the fundus uteri; and on separating it carefully with my nails throughout its whole extent, I found a portion of it elongated, and stretched toward the upper and back part of the left side of the uterus. On tracing this elongated portion very carefully, I found that it perforated the uterus at this part, by means of what appeared to my touch a somewhat narrow irregularly oval sort of opening, the edges of which felt contracted and tense, and which was barely sufficient to admit the index more than half-way, and beyond which I could feel nothing but what I imagined to be softened placenta. I therefore detached this elongated portion of placenta, which readily gave way on slight stretching, and removed the whole. The contraction of the uterus followed the immediate withdrawal of the hand, and consequently there was no further hæmorrhage.

I immediately placed my hand upon the naked abdomen, and could now distinctly feel the empty and contracted uterus; the fœtus before mentioned in nearly the same situation; and above the situation of the iliac fossa in the left side, another substance, which gave the idea, from its irregularity, &c., of another fœtus; but this, of course, was doubtful, as I could not clearly define it. The case, however, was now perfectly clear to my own mind, viz., that she had sustained, by some means or other, a rupture of the uterus, and that the fœtus or fœtuses had escaped from the uterus into the abdominal cavity, whilst one, and most likely that which happened to be most inferiorly situated, had remained. Or it might be that the retained one had pursued its proper course, whilst the other or others had escaped from the fallopian tube at the first into the abdomen, if at least such a case be possible. Upon inquiry, however, subsequently, I learnt that about six weeks prior to this period, she was one day in the act of pumping from a pump, the handle of which was suspended higher than usual, and that consequently she had been obliged to use considerable exertion in order to raise the water; and, whilst doing so, she experienced a very strange sensation in her abdomen, accompanied with fainting, which obliged her instantly to come in and lie down on her bed. Very soon after she was taken unwell, with a good deal of pain and soreness, and that these symptoms continued with very little variation for nearly a week, and obliged her, from the excessive feeling of weakness they induced, to keep her bed nearly all that time. After keeping perfectly still, however, for the period I have mentioned, and taking a little castor oil occasionally, she began to mend, although she had not felt so strong ever since as she had done before, and found herself incapable of the least exertion. Such was the account she gave me.

Having gently supported the abdomen with a broad bandage, I directed her to be placed in bed, and the most perfect quietude enjoined.

21st.—I visited her at half-past six, and found she had slept only half an hour. She had felt but very little pain, but complained of very great exhaustion, and cold clammy perspirations. Pulse 132, and feeble: no hæmorrhage, however, but a very copious discharge of highly offensive watery fluid. There was but very little tenderness of the abdomen, and, on examination, the uterus could be felt firmly contracted, just above the pubes, and the two other fœtuses as plainly as before. No urine had been passed. . . . . .

At the end of a week from delivery I again carefully examined the abdomen externally, and now as plainly as ever felt the fœtus in the hypogastric region: the presence of a second fœtus was, however, no longer clearly to be detected. The lochial discharge, though irregular, still continued, but was less fœtid, and the general health was rapidly improving.

August 7th.—Up to the present period she has continued as well as might be expected. She still retains a more than usually blanched countenance, and is incapable of much exertion, although she walks out a short distance whenever the state of the weather and roads permit. The catamenia have returned, and are regular.

APPEARANCE OF CHOLERA.

TO THE EDITORS OF THE MEDICAL PRESS.

Infirmary House, Ennis, Oct. 6, 1841.

GENTLEMEN—Having observed in the last two numbers of the MEDICAL PRESS, letters from Mr. Kirby and Dr. Gordon Jackson, announcing the re-appearance of the Asiatic cholera in Dublin, I cannot refrain from expressing my regret that those gentlemen should have come forward with such an announcement; we can all remember the distressing effect produced by the injudicious and unmeaning dissemination of the cholera reports at the time when this disease prevailed over the United Kingdom; and there is now no doubt but many timid and weak-nerved persons became victims to the disease, in consequence of the panic so universally prevalent at that time. Is it then, right or proper that the public should again be so alarmed (and by medical men)—that we should have a renewal of such melancholy scenes? I beg leave, therefore to put it to the profession, through your columns; whether it is not wiser on the part of medical men in the event of a few cases of the disease appearing to refrain from giving publicity to them, and so avoid disturbing the public tranquillity.

I have the honour to be, gentlemen,
Your obedient servant.
G. W. O'BRIEN, M.D.,
Surgeon to the County Clare Infirmary.

REVIEWS AND NOTICES OF BOOKS.

FOURNET ON AUSCULTATION, AND ON THE DIAGNOSIS, CURABILITY, AND TREATMENT OF PHTHISIS.

Translated from the French, with Notes, by THOMAS BRADY, M.B., Professor of Medical Jurisprudence to the College of Physicians, Dublin. Part I., 8vo., pp. 227.

IT has been truly said that the glory of Laennec consists not in the discovery of auscultation, but in the discovery of the thousand different auscultatory phenomena that occur in the diseases of the thoracic organs, in the analysis of those phenomena, in the determination of the connexion between them and pathological anatomy, and in the order he discovered in the midst of this apparent confusion. Such indeed was the energy of his mind and his industry as an observer, such the facility and accuracy with which he employed the new power he had invented, that the whole field of inquiry seemed almost at once exhausted; and auscultation, unlike other sciences, instead of growing up by the successive labours of different individuals, appeared to proceed almost perfect from the hands of the great discoverer. Hence during a period of nearly twenty years scarcely any material alteration of his system was attempted. Observers in all countries followed, without hesitation, in his track, content to make some slight addition to the vast assemblage of facts he had collected; and so late as 1837, even M. Andral seems to have thought that no more useful contribution could be made to the science of auscultation than the re-publication of Laennec's original work, giving such additions as had been made since his time, in the form of notes.—About this very period, however, a pupil in M. Andral's wards had conceived the idea of remodelling the old system, and had commenced a series of researches under his master's eyes; one object of which was, to use his own language, "the auscultation of the respiratory organs upon principles different from those that guided Laennec." "If," says M. Fournet, "a new direction had not presented itself for my researches; if I had not perceived the possibility of considering the subject under other points of view than those of the great masters who had gone before me, I would not have ventured upon any attempt after them." The result of these researches was the work, of the first part of which Dr. Brady has here given us a translation. It obtained a prize at a *concours* of the hospitals of Paris, and received the highest commendations from the members of the Academy of Medicine.

The first part of the work, to which we are about to direct the reader's attention, contains the author's

researches on auscultation of the respiratory organs. Before we enter upon an examination of it we should remark that certain evils were very early observed to follow from Laennec's method of studying the physical phenomena, although no one before M. Fournet appears to have set seriously about recommending a better. Thus, in the first place, in following the method of Laennec, the importance of a familiar acquaintance with the physical signs in their *normal* state, is either entirely overlooked or is never sufficiently impressed on the student. Indeed even the great master himself, in his rapid career of discovery, continually recognising some new diagnostic sign, seems to have passed on without taking much pains to determine the exact characters of the healthy respiratory sounds. We have a striking proof of this in the fact that though he had recognised and described the *expiratory* murmur, he soon lost sight of it and seems never after to have paid any attention to it. But the necessary result of inattention to the normal sounds must be that the slight deviations first produced by disease will be unnoticed, or will not be appreciated; and so we find Laennec passing unobserved even the feebleness of respiration in the early stage of phthisis. Again, at the same time that the slighter acoustic phenomena are by this method overlooked, an exaggerated degree of importance is attached to those striking and easily-recognised sounds that belong to the advanced periods of disease, which seem to be considered by some as alone deserving the name and possessing the characters of physical signs. The study of auscultation in the mode proposed by M. Fournet seems well calculated to obviate these evils, and thus to lead to the diagnosis of thoracic diseases at an earlier period of their course than was hitherto considered practicable. It is, however, in the diagnosis of the first stage of phthisis that the value of his method is peculiarly apparent, and it is here that it is most advantageously contrasted with that of his predecessors.

The first great distinction between this and all other works on auscultation is the recognition of the constant existence of an *expiratory* murmur, and the care with which the characters of both murmurs are traced in the healthy and diseased state. Setting out with the establishment of this primary fact of the constant existence in the normal state of two respiratory murmurs, the inspiratory and the expiratory, instead of the single murmur described by Laennec, the author proceeds to consider the different properties of these sounds, which he thinks it useful to analyse, in order to derive from their morbid modifications signs of disease. They are in each murmur: its proper or distinctive character—its hardness or softness—its dryness or humidity—its quality (*timbre*)—its tone—its intensity—its duration—and its rhythm. The importance of acquiring a perfect familiarity with these characters in their normal state, with a view to the diagnosis of the earliest stage of phthisis, is subsequently shown. Their mode of production, as well as that of some of their morbid modifications, and their semeiological value, are illustrated by reference to some ingenious experiments made with sponge, which may be so adjusted as to represent tolerably well many of the pathological conditions of the lungs. Some useful instructions for performing auscultation complete the introduction to this part of the work.—The remainder is divided into six chapters. The first chapter is occupied with an account of the physiological characters of the respiratory sounds in the different portions of the respiratory apparatus. The characters of the two vesicular murmurs are described with great clearness and accuracy. The duration and intensity of these sounds being two characters which it is important to appreciate accurately, M. Fournet has endeavoured to obtain a *numerical* valuation of them—that is, to express in numbers the degree of intensity and duration of these sounds. These properties vary very little in the healthy state. They present, in the adult, a mean which is nearly always the same, and to which the fixedness of this mode of valuation is well adapted. In the physiological state they always continue equal in each murmur, and may be represented by the same number. According to M. Fournet, the comparative intensity and duration of inspiration and expiration may be expressed by the ratio of 10:2. "In this way we are enabled to construct a scale of the alterations of these murmurs above and below the normal type; a scale of which each degree, marked by a number, corresponds to a certain degree of anatomical and physiological change in the organ."

In treating of the sounds of respiration in the bronchi, trachea, &c., M. Fournet asserts contrary to the generally received opinion, that normal bronchial respiration is not audible in any part of the chest except at the root of the lungs, and that this point is much more circumscribed than is usually supposed.—The differential diagnosis of morbid from normal bronchial respiration is stated with much exactness. The error sometimes committed of mistaking the transmitted buccal, pharyngeal, or nasal sounds, for bronchial respiration in the part examined, is pointed out, and the mode of guarding against it suggested. Some other questions of practical interest are considered in this chapter; as whether the respiratory murmurs are the same in all respects in the two sides of the chest? Upon which we may observe, in passing, that M. Fournet has satisfied himself, after repeated trials, that there is no difference whatever between them in the healthy state, contrary to the opinion of Dr. Stokes, who teaches that the murmur of the left lung is in some cases distinctly louder than that of the right. The nature and degree of the normal resonance of the voice, the parts of the chest in which it is most audible, and the difference between it and bronchophony are points to which attention is particularly directed.

The second chapter, which treats of the morbid phenomena of respiration, is by much the most interesting in the book, but it is not possible within the limits of a notice of this kind to do more than allude to some of the important subjects it embraces. The morbid phenomena are divided into those that are mere modifications of the normal phenomena; and those that are entirely new formations, as metallic tinkling, the pleuritic friction sounds, &c. The former are all referred to four heads—augmentation—diminution—cessation and perversion; the modifications by perversion forming a kind of connecting link between the two classes. Having taken a general view of the principles that govern the morbid respiratory sounds, he proceeds to examine the morbid characters of the inspiratory murmur under the different heads referred to above. Under the head of alterations of quality *(timbre)* are included all the changes that occur in the soft murmur that characterises the normal sound, from the slightest trace of bronchial breathing up to cavernous respiration or amphoric resonance. Instead of treating those signs with Laennec, as distinct and isolated phenomena, they are viewed as so many "degradations of a common type; the chain that connects them is continuous, but successive—there is a gradual transition from one degree to the other, but no change in the nature of the phenomena. Two physical conditions, separate or combined, correspond to them all: condensation of the pulmonary tissue, and increase of the diameter of the cavities traversed by the air." An important fact, says the author, connected with the history of the alterations of *quality* is, that

they always appear first in *expiration*. In their disappearance they follow the same order, but in a different direction—that is, they first disappear in inspiration.

The morbid characters of the expiratory murmur are investigated with equal care; a parallel instituted between the two murmurs exhibits the diversity of the laws that regulate them, and their relative diagnostic and prognostic value.

Passing the sections which treat of the relations between the respiratory murmurs and movements, and of the morbid characters of the voice and cough, we come to one of much interest on supplementary respiration. The character of supplementary respiration consists in a simple exaggeration of the normal murmurs without any change of their nature; they acquire, however, a slight clearness or resonance resembling a low degree of bronchial respiration; the expiratory is more exaggerated than the inspiratory—thus the inspiratory, which in the normal state is represented by ten, may rise to twelve or fifteen, while the expiratory, whose normal number is only two, may attain an equal elevation.—The differential diagnosis between supplementary respiration and some forms of morbid respiration with which it may be confounded—the circumstances in which it is produced—and its diagnostic value, all points of considerable practical importance, are treated with much ability.

Under the name of *pulmonary crumpling sound*, M. Fournet describes a hitherto unnoticed stethoscopic phenomenon, which promises to be of some importance in the diagnosis of the earliest stage of phthisis. It was recognised in one-eighth of his cases of that disease. Though very distinct, this sound is seldom propagated far beyond the place in which it originates, and as it usually occupies but a small space, and does not continue long, it is easy to account for its being unobserved in many cases. It usually co-exists with inipiration alone, and its intensity is proportioned to the force with which the patient respires. It has been observed in three circumstances only—1st, in a case where the lungs were compressed by an encephaloid tumour, developed iu the mediastinum; 2nd, in a case of large non-tuberculous cavity in the top of the lung, with thick, firm, vibratory walls, in which the crumpling sound seemed to be produced by the to and fro motion of the walls of the cavity in respiration; 3rd, in the first stage of phthisis. M. Fournet has given in detail the differential diagnosis of this sign. He thinks it may be distinguished from a pleuritic friction sound by the following characters: "the crumpling sound is continuous; in listening to it the ear feels no sensation of displacement; it is produced, almost exclusively, in the top of the lung; it co-exists with the signs of the earliest stage of phthisis; the patient has usually no sensation from it; the hand cannot appreciate it, and it exists, almost exclusively, in inspiration. Whereas the sound of pleuritic friction is composed of little jerks or shocks; the ear receives the sensation of displacement from above downwards, and from below upwards, according as it is heard during inspiration or expiration; it almost always co-exists with both periods of respiration; it is usually produced in a part (the middle of the posterior part of the chest) where the other is never met; and it is in general appreciable by the hand, as well as sensible to the patient." It may be more easily confounded with another physical sign, which seems to have been first distinctly recognized by Fournet, and to which he has given the name of *dry crackling* ronchus (rale de craquement ou bruit de craquement pulmonaire); but the latter is a very distinct phenomenon, and a much more important diagnostic sign. This sign is never met except in tuberculization of the lung, and corresponds to simple infiltration of crude tubercles; it is in general constant in its nature—but its constancy increases in proportion to the time it has existed—of fifty-five patients in whom it was observed there were only nine in whom it was not constant, and in them it was in its earliest stage. It passes by insensible degrees into its more advanced form which M. Fournet call *humid crackling*, and which corresponds to the commencement of softening in the tubercles. The relation between those crackling ronchi and the anatomical conditions with which they are said to correspond, was determined by the examination of patients who died at different periods of phthisis, either from the disease itself or from some other. We may observe that the course pursued by Fournet, in the study of the physical signs of phthisis, as stated in another part of the work is well calculated to inspire confidence in his results: 1st, the changes produced in the respiratory murmurs on the confines of parts obviously diseased, were noted accurately, and compared with the incipient alterations found after death; 2nd, the gradual progress of the disease was traced through the rest of the lung in cases where it existed in the second stage in the summit; 3rd, the successive changes in the respiratory sounds were followed from the first developement of tubercles up to the period of cavities and death in persons who had come into hospital for other diseases and become phthisical there.

Under the name of *humid ronchus with continuous bubbles*, M. Fournet describes an auscultatory sign, which he asserts is peculiar to active sanguineous congestion of the lungs, to which affection it is what the crepitating rale is to pneumonia. In another part of the work this affection is investigated with much minuteness, as well as some cases of it detailed, and we need scarcely remark how important must be the diagnostic marks of it, if it be as M. Fournet thinks, a stage of pneumonia antecedent to that described as the first stage by Laennec and others; but we have not space to dwell on this subject, nor on the valuable account of the pleuritic friction sounds and other important matters contained in this chapter.

Passing to the next chapter—the determination of the laws that govern the course and connexions of the different sonorous phenomena, and upon which their various combinations and their relative value depend, is one of those branches of auscultation of much practical importance, which has been hitherto greatly neglected, and which M. Fournet has investigated with great industry and success. Thus as we have already remarked, instead of viewing the various alterations of the *quality* (timbre) of the respiratory sounds, as phenomena distinct in nature, he generalizes their anatomical conditions of production, and exhibits them as they really are successive degradations from a common type—links of a continuous chain; insomuch, that with the aid of the link we have within our reach, it is possible, traversing in one or other direction the series of this group of phenomena, to ascend to the past, or descend into the future. The same observation applies to the ronchi of phthisis.—The neglect of this study of physical signs in their natural relations to each other, has been the source of considerable errors in practice. "Prepossessed with the idea that egophony appears only in pleuritic effusions, pectoriloquy in cavities, &c., we infer the existence of the anatomical condition when we meet the symptom; we connect with one of those states, *distinct from every other*, an intermediate shade of the symptom, which in reality depends on an intermediate state; because we have been accustomed to regard as always and altogether distinct from each other organic states, which are often combined and confounded together." The combinations of the phenomena with each other are also regulated by fixed laws, the knowledge of which is of great practical im-

portance, as on them depends the *relative value* of these signs. Thus, such or such a phenomenon, co-existing with such another, has a certain value, which changes if it be alone, or if it be combined with any other; appearing in such circumstances after such a phenomenon, it has quite a different value from that which it has when it appears in such other circumstances before the same phenomenon. Attention to the relative value of the stethoscopic phenomena is peculiarly necessary in the diagnosis of tubercular infiltration at a very early period of its existence.

We have extended our notice of those three chapters to such length, that we must be satisfied with merely alluding to the contents of the remainder.—Very ingenious, and, we think, useful classifications of the physiological and morbid phenomena of respiration are given in the tabular form in the fourth chapter. The classification of the ronchi is founded on three characters—their *site*—their *bubbling* or *non-bubbling* character—their *dryness* or *humidity*. The study of the two distinct respiratory periods naturally led M. Fournet to ascertain with which of them each morbid phenomenon is found to co-exist; and in this way some valuable differential signs have been discovered. We wish we had room for some of the diagnostic results that may be arrived at in this way. In the sixth chapter we have an exposition of the physical signs of each disease of the respiratory organs, which is chiefly remarkable for the precision with which the modifications of the murmurs are set forth. The seventh chapter, which treats of the place of origin of the respiratory sounds, is chiefly occupied with a refutation of the theory of M. Beau, and derives a new interest from the researches of Dr. Spittal and M. Beau, referred to by Dr. Brady in his notes, and which have been published since M. Fournet's book was written. The last chapter, on the mechanism of production of the respiratory sounds, and the reason of their co-existence with one or other period of respiration, will be found well worth the attention of those who take an interest in this mode of investigating vital phenomena, which indeed, if kept within due bounds, is not without its use.

It must be obvious, even from the slight sketch we have given, that this first part of M. Fournet's work presents a system of auscultation nearly complete, and in many respects new. Indeed there is scarcely a point in this wide field of inquiry to which his researches have not been directed, and there are few upon which they have not thrown some additional light. The recognition of the expiratory murmur, as constantly existing in the state of health, has at once enlarged, by one-half, the field of observation, while the relations thus disclosed between the two periods of respiration, render many of the phenomena, with which we were previously familiar, more distinct and significant. The care with which the fundamental characters of both murmurs have been analysed, and their relations in health and disease ascertained, has led to the discovery of several important morbid signs. The determination of the period of respiration with which each morbid phenomenon is usually found to co-exist, has furnished several valuable differential characters. While the sagacity with which the course and connexion of different morbid phenomena has been traced, and their more usual combinations and their natural and accidental transformations determined, has led to the establishment of certain general laws, a knowledge of which most tend to give the mind greater confidence and security in the conclusions derived from physical signs. Lastly, these researches are calculated to render the diagnosis of diseases of the lungs possible at a period of their existence when it was hitherto deemed impracticable, and when their detection, with a view to their treatment, is most important.

After the preceding remarks, we need scarcely add that we look on this translation as a very valuable addition to our medical literature; and we have no doubt it will soon become the favourite class-book of students of auscultation.

BOOKS RECEIVED.

The Diseases of Children, their Symptoms and Treatment. By George A. Rees, M.R.C.S. 12mo. pp. 300. London, 1841.

Guy's Hospital Reports—No. XIII.

The American Journal of the Medical Sciences.—July, 1841.

ON THE CURE OF OZŒNA.

Dr. Detmold, of Hanover, says he has never failed to cure ordinary ozœna, (by which he means the chronic coryza, accompanied by a fœtid discharge from the nose, and a flabby relaxed state of the Schneiderian membrane) by the use of an injection composed of one or two drachms of chloride of lime, rubbed up in a glass mortar with thirteen ounces of decoction of Rhatany root, and strained off after standing for half an hour. About half an ounce of this must be injected into the nose three or four times a day with a syringe whose point is sufficiently long to carry the fluid high up into the nasal passages. The use of the remedy should be accompanied by the occasional administration of purgatives. It is very beneficial also in cases of chronic otitis with offensive discharges from the ear.—*Holschers's Annalen and Brit. and For. Med. Rev.*

PRURITUS SCROTI CURED BY THE EXTERNAL APPLICATION OF LEMON-JUICE.

Doctor Oppler, of Tarnourtz, relates in the *Berlin Medizin Zeitung*, for June 1841, a case of this distressing disease, which had obstinately resisted all internal and external remedies for ten weeks; but finally yielded completely to a wash of diluted lemon-juice.—*Brit. and For. Med. Rev.*

MOVEMENTS IN THE LONDON MEDICAL CORPORATIONS.

In the College of Physicians, which hitherto had been the most slow of movement, and which, by its anxiety to preserve its system, had perilled its very existence, changes of unexpected liberality have been agreed upon; so that it rests only with the government to have them carried into effect. The election to the fellowship is henceforth to rest with the whole body of the members; and every member of the whole body is to be equally eligible to the honour. The privileges of members of the English universities are entirely levelled: the number of fellows is to be increased by about one-fourth: and all the members are to be admitted to equal rights in the use of the library and the museum. In a word, the College of Physicians, which a few years ago was little better than a club of the most exclusive character, will henceforth be conducted on as fair and liberal a system as any man of reason and discernment can desire. There is not even any cause to regret that, as so often happens, liberality has been permitted to degenerate into laxity; for at the same time that the respect for education in particular universities, and for other adventitious circumstances, has been lessened, the demand for real and substantial knowledge in the candidates for the diploma has been increased. The unprofitable examination in *vivâ voce* Latin, lame and limited as it of necessity always was, has been nearly laid aside; and the stress of the test of competency is now set in the written answers to questions on each of the subjects in which knowledge

is required; and these questions generally of such a kind as must baffle a man who does not possess a safe acquaintance with his profession.

The College of Surgeons has been rather less energetic in its improvements. It is now generally supposed, however, that the council will not long be self-elected; but that a constituency will be formed, first from the elders, and subsequently from the most learned of the members, who will have the right of voting in the future elections of the council. The examination for the fellowship of the College, that is, for the privilege of voting for, and of being eligible to, a seat among the members of the council, will (it is believed) be open to all the members of the College of a certain standing, who, not practising pharmacy, may be presumed to have an undivided interest in the welfare of the institution which they will virtually govern. The direction of the affairs of the College will thus at length fall into the hands of the main body of its members; at least, it will be open to all those among them who are willing to purchase the political privilege at the expense of acquiring something more than the average of professional knowledge.

We have been glad also to find the College of Surgeons making progress in the encouragement of the science of our profession; a good of which its ample funds render it almost exclusively capable. The recent completion of the catalogue of its museum, a work well worthy of its subject, and like it not surpassed in Europe, is not less a great boon to medical science than a just tribute to the merit of the greatest man that ever cultivated it. The increase of the number of College students; the farther advantages held out to them, by the offer of appointments in the army or the East India Company's service; their election solely on the ground of their practical anatomical knowledge; the additional time during which the library is opened; the proposal to publish volumes of College transactions, and the understanding that already some valuable monographs are in progress under the superintendence of the council; though each by itself of small importance, yet all collectively give proof that an active spirit is now at work in the governing body of the College, and that they are really anxious to further whatever measures may tend to the honour and the benefit of our profession.—*London Medical Gazette.*

ON THE STATE OF THE MEDICAL PROFESSION, AND ON THE BEST MEANS OF IMPROVING IT.

TO THE EDITOR OF THE MEDICAL GAZETTE.

Sir—In my former letter I endeavoured to point out the anomalous position of the medical men of this country; without representation, and without protection of their interests. I argued that it is vain to hope for due attention from the government, or from parliament, until medical men themselves shall unite more in their opinions and in their influence; and as the safest and surest mode of engaging the sense and strength of the medical community, without harassing its members with revolutionary measures, it was proposed that new powers from the government, as well as from the profession, should be vested in the three existing corporate bodies; these being first reformed on the principles of true incorporation, and equal and responsible representation.

Before I proceed to the chief subject of this letter, a specific plan of reform for the College of Physicians, it will be well to state some general features of that applicable to the whole profession.

It seems to me expedient, for the sake of the public as well as of the profession, that, in the contemplated changes, as little violence as possible be done to established usages, where these are not productive of injurious results. For this reason, rather than because abstractedly it is the best possible division, I would retain the distinction of the three orders of the profession,—physicians, surgeons, and practitioners in medicine, or general practitioners.

The physicians constitute the highest class of the profession, whose special object is the treatment of internal or constitutional diseases. They are to be distinguished, first, by the time devoted to their education, both preliminary and medical, the latter being both academical and practical; secondly, by their having attained the degree of doctor in medicine; thirdly, by the amount of the fees to which they are entitled; fourthly, by their not practising pharmacy in any shape.

The surgeons are the highest class, whose special object is the treatment of external diseases, and of those which require manual operations. They should be distinguished by the time expended in their education, which should, in all points, correspond with that of physicians, except that, in their practical studies, surgery should take the prominent part. In the amount of their fees, and in their not practising pharmacy, they should also be on a par with the physicians.

The practitioners in medicine, although inferior to the physicians and surgeons in the time required for their education, and in the amount of their fees, must be sufficiently instructed to qualify them for the treatment of disease, internal and external. Their examining body must be formed in part by physicians and surgeons. They may practise pharmacy, but not as a means of remuneration. They may not hold offices of physicians or surgeons to public institutions. Physicians and surgeons shall be entitled to enter the order of medical practitioners; but in so doing they must give up the titles and privileges of their former rank.

The practice of midwifery may be attached to either order of the profession, after an examination by competent persons in the respective boards of examiners.

The affairs and interests of each order of practitioners are to be entrusted to a representative head or council, a third of which is to be elected annually by the ballot votes of all the members.

The councils of the respective bodies should have the power of entrusting to a committee of conference, consisting of a certain number from each council, matters affecting the different bodies in common. Questions which the committee of conference cannot terminate to the satisfaction of the councils, may be referred to the Secretary of State for the Home Department. This is the only case in which lay interference will be needed, if the corporate bodies will adopt fully the representative principle. If they refuse to do this, the government of the profession will surely pass into lay hands: and probably the best way in which this may be effected, is by the government forming a board of public instruction for this and other needed purposes. But this is an alternative which I do not like to contemplate. To return to the College of Physicians.

The great purposes of a college of physicians I conceive to be, not only, first, "to ensure the best education for those who are to become physicians," (Circular of the College, November 27, 1840); but also, secondly, to protect the interests of physicians against all circumstances, within and without, which may injure the moral, intellectual, or civil dignity of their art and profession; and, thirdly, as the representative organ of the most learned and dignified class of medical practitioners, to decide or report on all important questions regarding the public health, or

other subjects referred to them by the government, or by other public authorities.

The following are the outlines of a plan for the reform of the college:—

1. The college is to consist of fellows, a president, council, censors, and other office-bearers, as at present.

2. The order of licentiates is to be abolished.

3. The fellows are to consist of the present fellows and licentiates. To these are now to be added, by an act of grace, without examination, all other regularly educated physicians in England and Wales of three years' standing, on payment of a certain contribution to the college. All of less than three years standing are to submit to an examination.

4. The council is to consist of the office-bearers, and a certain number of fellows, elected by ballot votes of all the fellows, from those of five years' standing in the college. Of these a third go out annually, at a general meeting of the college. A ballot paper, signed by the registrar, with a list of all the eligible fellows, to be sent to each fellow, who writes on it the names of those for whom he wishes to vote. These papers may be sent by post, sealed for the ballot box.

5. The president is to be elected annually by the fellows, from those who are or have been members of the council. Election as with members of the council.

6. The censors and other office-bearers are to be elected by the council.

7. The government and acts of the college are to be entrusted to the council, which is to have the power to fine, suspend, and expel offending fellows.

8. All in future practising as physicians must become fellows of the college, under penalty of fine.

9. Candidates for the fellowship must have completed their 26th year, and, in addition to an adequate acquaintance with classical and general literature and science, they must have spent at least five years in the study of medicine, and the contributory sciences, at some recognised college or school. In the case of those who have been already ten years in practice, four years of study may suffice.

10. Examinations to be conducted by the censors, *vivâ voce*, and in writing, and to include clinical tests of competency.

This plan, with one or two slight alterations, is that which I submitted to the conference committee of the college in last December; and after having heard many other schemes proposed and debated in the college, I humbly think that this, in simplicity, safety, and sufficiency, excels them all; excepting, however, that subsequently brought forward by Drs. Latham and Watson, which, in no material respect, differs from mine. In further explanation and support of this plan, I will add a few remarks on its several items.

1. This constitution of the college resembles that of other learned societies, and is the only plan on which the privileges of members may be preserved, whilst the offices afford fair means of honourable distinction.

2. The abolition of the degrading distinction of the licentiate, I hold to be essential to the prosperity, nay, the very existence of the college, in the position in which we hope to see it. All that was urged in my former letter against the causes of disunion, is especially applicable to this invidious division in the same order of men. To recognise a man as a physician, and yet to refuse him the full rights and privileges of a member of the body of physicians, is to stultify the recognition, and to stamp him with a mark of inferiority which renders the distinction a perpetual subject of shame and discontent. Even conceding to the licentiates (according to some of the recently-proposed schemes), the title of *members*, with the privilege of naming annually for the fellowship a number out of their own order, one half of which number is to be rejected by the fellows, would be but an ungracious half measure of justice, and one ill calculated to promote that harmony and unity of interest which should subsist between the members of the same body. The same serious objections stand against the plan of limiting the number of fellows, and filling up the vacancies, as they may occur, by election from the licentiates. As long as the number of fellows is limited (even were it less so than it is proposed to be), so long will there be discontent among the degraded seniors that are excluded; and although a disgrace to be excluded, it would be no peculiar honour to be included in the proposed body of two hundred fellows. It is impossible not to foresee that all such measures which keep up a distinction, to which the majority cannot have access, and over which they can exercise no control, must perpetuate that jealousy and distrust that has hitherto alienated the college from the greater number of the physicians practising in this country. This obnoxious distinction was one of the chief grievances complained of in the petitions of the licentiates to the two houses of parliament. I appeal to the present licentiates—do they still desire it to be removed?

3. I propose that all the present licentiates shall be at once raised to the privileges of fellowship; and with the view to incorporate the whole order of regularly educated physicians in this country, it seems proper to admit at this time, without examination, all physicians who have been three years or upwards in practice. Those of a later date could not well object to an examination. (I may state, that the college has already resolved on such an act of grace, by which all regularly educated physicians now in practice shall be at once admitted to the *licentiate* on the payment of a certain fee.)

4. The order of physicians will still have an aristocracy, and the college will still hold out its distinctions; and they will not be distinctions in name only, impaired by numbers, but honourable offices of trust and usefulness. These honours being conferred by the suffrages of the whole body, will prove bonds of mutual esteem and confidence, instead of causes of jealousy; and being open to all, they will be incentives to honourable ambition, as the rewards of intellectual merit and moral worth. The only limit which it seems desirable to make, is with regard to age and standing in the college. A trust so important as that of assisting in the councils of the governing body of the profession, requires some experience and knowledge of the profession and of the world. I would propose even a longer noviciate than five years, but that the increased sphere and importance of the operations of the college are likely to develope more business than the senior fellows might have time to transact. The more onerous duties should, therefore, devolve on younger, yet not inexperienced, men; whilst the council would have the advantage of the assistance of the seniors in all matters of importance. The number of the council is a matter for consideration. It is desirable that the number should be sufficient to perform the work satisfactorily, and without too great a tax on the time of each member; but it should not be so great as to lower the honour or the responsibility of the office. Probably from thirty to forty would suffice.

The mode of conducting the ballot for the election of the council is proposed after much deliberation, and with deference to those who have advised the voting to be only personal. When we consider the engrossing engagements of medical men, it is too much

to expect those resident at a distance, at a sacrifice of time and money, to come to London to vote; and it would not be fair to deprive country physicians of this their best privilege. Fellows residing in London and its vicinity would otherwise enjoy many advantages over their provincial brethren; and I think it but just to preserve, as much as possible, the privileges of the latter.

5. The power of electing to the presidency of the College of Physicians, the highest medical honour which this country can bestow, certainly ought to be placed in the hands of all the members of so highly educated a body.

6. The duties of censors as examiners, require peculiar qualifications; and it appears to me that the members of the council would, better than the fellows at large, be able to select the fittest persons for this important office.

7. It has been generally found that the affairs of societies are most efficiently and satisfactorily managed by a representative council. The busy and engrossing occupation of medical men renders especially desirable for them this plan of entrusting their common interests to a few of their own choosing. These are still responsible for the trust committed to them, having to give a general report of their proceedings at the annual meeting of the fellows. The yearly change of a third of the council also affords to the whole body the opportunity of refreshing their representative head, according to the wishes of the majority.

The council, as the acting body of the college, will have to co-operate for the fulfilment of what, in a former part of this letter, have been described as the three great purposes of the College of Physicians. As these purposes comprehend several classes of subjects, it will be advisable that the council should appoint separate committees: for example, an Education Committee, a Committee of Privilege and Discipline, a Committee for Medical Police, a Pharmacopœia Committee, a Library Committee, &c. Without entering into further details, it must be apparent that the office of a councillor would be no sinecure: the reward would be the honour which it confers; but it seems fair that there should be some stipend attached to the office, not remunerative, but as an indemnity for time and service.

8. It is quite proper that a reformed college should have jurisdiction over all the physicians of the country; and that the privileges of its members should be protected by law.

9. The subject of medical education is too wide to be considered here; but the outline given is intended to mark the elevated standard of education and mature age required in this highest rank of medical practitioners.

10. My great reason for mentioning the mode of examination is, to draw attention to the clinical test which is proposed for the practical qualifications of the candidates. This should, I think, be the characteristic of the examination by the College of Physicians, and should not be dispensed with even in those cases in which the high character of the academic degree of the candidate might render superfluous, further trial on other subjects.

My chief object in addressing you has been to draw the attention of the profession to its present helpless and oppressed condition; and to point out to all, but especially to those engaged in the reform of the three corporate institutions, the need of the largest and most conciliating measures to ensure union, strength, and justice, to the whole medical community.

I have the honour to be, Sir, your obedient servant,

CHARLES J. B. WILLIAMS.

Hollcs-street, Cavendish-square,
September 24, 1841.

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Donations, exclusive of twenty-three annual subscriptions:—

Sir H. Marsh	20	guineas.
Mr. Carmichael	20	—
Dr. J. Jacob	10	—
Professor Benson	5	—
Dr. Kingsley	5	—
Dr. Boxwell, Abbeyleix ...	3	—

and an annual subscription of £1 1s.

The subscription list will shortly be published.

WM. KINGSLEY, Hon. Sec.

Roscrea, Oct. 3, 1841.

The following communication has been received by Dr. Kingsley, from Sir Henry Marsh, Bart.:—

"I do think the Medical Benevolent Fund a most excellent institution, and if well worked (as in your hands I have no doubt it will be), I would expect much good from it. In addition to being an annual subscriber, I shall most willingly give a donation of twenty guineas, and, in any way I can, promote its objects."

POOR-LAW INTELLIGENCE.

House of Lords—October 4.

The Duke of Wellington moved the committee on the poor-law commission continuance bill. He stated, that the object of the bill was to continue the poor-law commission until the 31st July next, as that commission would otherwise expire at the end of the present year. The various provisions would be considered by the government during the recess, in order to amend the whole act during the next session of parliament.

The preamble and various clauses were then agreed to, and the bill was reported without amendments to the house.

The bill was subsequently read a third time and passed.

The Earl of Mountcashel moved for certain returns connected with the poor-laws in Ireland, and his motion was agreed to.

CORK UNION.

At the meeting of guardians held on the 4th inst., the monthly question of dietary was considered, on which the matron was examined, and stated that the allowance of potatoes for dinner was insufficient, and that the paupers were frequently at night crying of hunger. She saw cases where the allowance for a pauper was but two potatoes, as each weighed 1½ lbs., one of which was bad and unfit to eat. She admitted that the allowance of potatoes would be sufficient if they were of a good description. She would say that the allowance of bread for breakfast was sufficient.

Mr. Meagher proposed that 12 ounces of bread and a pint of milk should be allowed for breakfast, and 3½ lbs. of potatoes, while they are bad, and a pint of milk for dinner.

Mr. Fagan seconded the proposition.

Captain Rogers thought that the letter of the commissioners went to this, that they should not feed the people better than they were fed out of doors. He thought that they were travelling a good deal out of course, by giving bread and milk for breakfast, which was not the diet of the country, and he begged leave to propose that they should give potatoes and milk for breakfast, otherwise they would hold out a *bonus* to paupers to come into the Cork workhouse. If Mallow and other unions gave potatoes and milk for breakfast, the paupers would avoid these houses, and flock into the Cork one (hear, hear). He moved his

amendment in defence of the people who had to pay this obnoxious tax (hear, hear).

Mr. Roberts seconded the amendment.

Mr. M'Carthy admitted that the rural population lived on potatoes, but the city population, of which three-fourths of the inmates was comprised, did not, and therefore, he thought that they should keep the paupers on bread diet for breakfast.

Mr. Meagher said that the prisoners in gaol got 12 ounces of bread and a pint of milk for breakfast, and 12 ounces of bread and a pint of milk for dinner, and he therefore thought it not too much too ask for bread breakfasts for the children of misfortune.

Captain Rogers called for a poll, to let the public see who was keeping down the taxation.

A poll being taken, there appeared for the resolution 19, for the amendment 3.—*Cork Constitution.*

WATERFORD UNION.

At the meeting of the guardians, held on the 7th inst., a letter from the commissioners was read, in reply to the application of the medical attendants of the house, for liberty to order such diet as they thought advisable to the aged and infirm *not in hospital.* The commissioners stated that such a course would be an infringement on the rules laid down by the Act of Parliament for the government of the house, and they could not, consequently, give it their sanction.

A discussion took place as to whether prostitutes should be admitted into the workhouse.

The Mayor adopted the humane view, that those unfortunate individuals should not be cut off from all chance of being reclaimed, and that when destitute, relief should be given to them.

Assistant-Commissioner Muggerigde said, it was for the guardians to judge of their destitution—but they had no right to claim relief.

The Mayor—If they come before you as destitute persons, have you not a right to relive them.

Mr. Muggeridge—You are not to reclaim one, at, perhaps, the expense of many.

The Mayor said he wished to know whether they could obtain admission there before he, as a magistrate looked for other powers to dispose of them.

Mr. Dobbyn said that any one admitted should previously produce a certificate of character, and of two years' residence.—*Waterford Chronicle.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 13, 1841.

EXACTION OF FORCED SERVICES FROM MEDICAL MEN.

TO THE EDITORS OF THE MEDICAL PRESS.

Portarlington, Oct. 7, 1841.

GENTLEMEN—I take leave to forward, for the perusal of the council of the Association, and through the columns of the PRESS (if you should deem it of sufficient import), for the information of the profession at large, the accompanying note. As I consider the subject matter of it sufficiently explanatory of its nature, and how such transactions ought to be met by gentlemen, I make no comments on the business.

I am, gentlemen, your's very truly,

A. E. TABUTEAU.

October 6, 1841.

SIR—In reference to your communication made to me this day, that you had received an order from "the Board," ordering me 12s. 6d. for my attendance on one of the constabulary, who was attacked with cholera some short time since in this town, I have to observe that when I made a solemn affirmation that I considered one guinea but fair remuneration for my time (two days), I did so with the full conviction that I was demanding the least any respectable medical gentleman could accept. If a board is to demand a document, which every man of honourable feeling must regard as tantamount to an oath, and then award what they deem suitable to the case, it is an insult to his feelings and a mockery to justice to seek for it.—You will, therefore, please return the order to whatever board had the liberality to forward it, and to observe that in the event of any other individual of the force being casually taken ill here, you will please call on some one else, as I will not attend.

Your obedient servant,

A. E. TABUTEAU.

To Head-Constable William Gurd,
Portarlington Police Barracks.

WHEN our readers shall have duly noted the contents of the foregoing letters, we must beg of them to turn to page 200 of the fourth volume of the PRESS, and to read a correspondence between the respective secretaries of the Medical Association of Ireland and of the General Board of Health, which they will there find. "The Board," whose order was quoted by Head-Constable Gurd, we presume to be no other than the aforesaid General Board of Health; and upon its nature and doings the correspondence to which we refer will throw some light. From it may be gathered, what indeed is the fact, that the so-called Board is a fiction, and has not even the advantage of being a legal one. The almanack, no doubt, gives us the names of eleven members of the General Board of Health, good men and true; but, notwithstanding this, there is neither statute nor charter authorising the existence of such a body in Ireland; nor does it exist save in the person and for the behoof of Dr. Francis Barker, who, under the name of Secretary, receives some trifling salary, and, in return therefor, cuts down, as it seems fit to him, the remuneration of medical men who may happen, for their sins, to be employed in the service of government.

The account given by Dr. Barker of his right to assume the function of taxing officer in the case of medical fees, and of his mode of performing that function having been far from satisfactory, the Council of the Association felt themselves bound, when a similar case was brought before them, to repeat their request for explanation; and accordingly, in the record of their proceedings, on the 31st December, 1840, we find the following minute:—

"Letter read from Dr. Duigan, of Kilbeggan, stating that his demand of two guineas for visiting a patient at a distance of eight miles and a half, by direction of the constabulary authorities, was reduced by the Board of Health to one guinea.

"Resolved—That the secretary do write to the Board of Health, requesting an explanation."

Dr. Barker positively refused to give any information, and the matter having been forthwith laid before the then Lord Lieutenant, a correspondence with Mr. Under-Secretary Macdonald arose, the publication of a portion of which will probably furnish a better commentary upon Dr. Tabuteau's case than any other we could make.

On the 15th of January, 1841, Mr. Macdonald writes:—

In reference to your letter of the 8th inst., I am directed by the Lord Lieutenant to state, that his Excellency will be always happy to attend to any suggestions coming from you, but he cannot admit your right of calling upon the Board of Health for explanation of the manner in which they execute duties confided to them by the government.

With respect to the nature of Dr. Duigan's claim, and the propriety of the reduction made by the Board of

Health, his Excellency does not feel himself called upon to express any opinion. The duty of taxation—a most ungracious one, has been confided to the Board of Health, and convinced as his Excellency is, of the fair and impartial manner in which that duty is exercised, he cannot admit the justice or expediency of calling the members of the Board to account for every decision which may be unsatisfactory to the claimant whose costs are reduced.

There is one point in your letter to which his Excellency has called the attention of the Board, with a view of partially altering the present regulation. As the charge made by the medical attendant, is invariably submitted for examination to the Board, there seems to be no reason for requiring him to affirm the moderation of his demand. The affirmation therefore, in future, will be strictly confined to the statement of facts relating to the case, and not to the opinion held by the medical practitioner of the nature or extent of the claim submitted by himself.

To this letter the Council of the Association replied on Jan. 21:—

. . . . . .

In reference to the immediate subject of your letter, I am directed to request that you will have the goodness to place the following view of it before the Lord Lieutenant, in order that the medical profession may understand the position in which they are actually placed. A medical man is called upon by government to perform certain professional services, he is requested to make a charge for those services, which charge is peremptorily reduced to one-half; he enquires from the taxing officer the reason for the reduction, or the principle or regulations upon which it was made; the taxing officer refuses him any information upon the subject. This is in general terms, a statement of the case now in question, and it shews a course so different from the usual mode of transacting business between employers and those whom they employ, that the Council beg to say, with the utmost respect, that they cannot think his Excellency the Lord Lieutenant means to sanction the Board of Health in pursuing it; or their secretary in peremptorily declining to assign his reasons for interfering with the professional emoluments of any individual.

In the case of Dr. Duigan, the Board of Health may have acted according to correct principles, but they keep those principles secret, and for any thing Dr. Duigan or the Council of the Medical Association can learn the Board might in a similar case consider themselves justified in refusing any remuneration whatsoever. In this way the matter comes to be serious one, as it involves the question of the absolute right of the government to fix the price of all services which they may require.

The Council regret extremely being obliged to trouble his Excellency so much, the necessity for doing so would have been saved, had Dr. Barker not thought proper to decline laying their letter before the Board of Health; nothing being farther from the intention of the Council, than to give unnecessary trouble to the government upon any occasion. Your obedient servant,

H. MAUNSELL.

Mr. Macdonald still declined all interference, and the Council again wrote to him on the 28th January:

. . . . . .

The Council direct me most respectfully to communicate the assurance of their desire to avoid giving the government any trouble which can possibly be spared; they continue the present correspondence solely in the hope of being able to remove from the medical profession the impression that they alone of all other members of the community are to be deprived of the price of their labour, at the will of the secretary of a public board, and that they are in every case to be denied the privilege of learning the grounds upon which such deprivation of their property is justified. This is exactly the point in question, but it has not been touched in your letters, and as it is one of very great importance in many respects, a deputation of the council will be happy to wait upon you at any time that may be convenient, should their views not be completely understood by the Lord Lieutenant.

On the 2d of February Mr. Macdonald stated:

That it was not his Excellency's intention to call upon the General Board of Health to assign reasons for any reduction of costs which they might think it their duty to make; and as far as regards this power of taxation, and the mode of effecting it, being alone applicable to the Medical Profession, His Excellency would remind you that a similar power is given to the proper officer for taxing the costs charged for legal services, and that it is not usual to call upon the taxing officer to furnish the reasons upon which he grounds the reduction. In all cases where such claims are made upon the government, a similar power is reserved.

The Council again replied:—

February 4, 1841.

Sir—I beg to acknowledge your letter of the 2d inst., which I have laid before the Council of the Medical Association. They direct me to say, that they regret much that your letter should lead them to suppose that His Excellency is under the impression, that the mode of taxation of legal costs is in any way similar or analogous to the circumstances of the case which gave rise to this correspondence. The officer who taxes law costs, is a legally appointed and constitutional officer. The Board of Health has no legal constitution—it is a creation of the government of the day, having no legal or prescriptive right of existence, or power; its secretary is not the taxing officer in cases of claims for medical services, nor is he in any way recognised or authorised by the law.

Your letter also states "that it is not usual to call upon the taxing officer (in legal matters), to furnish the reasons upon which he grounds the reduction," In reply to this, the council direct me to say, that the decisions of such officer are subject to an appeal to the judges, and are made in presence of the attorneys of both parties, and that further, such a call would be perfectly unnecessary, inasmuch as these reasons are well understood; the proper costs for legal services being defined and published for the information of both employers and the employed, while the witholding of similar information with regard to medical services, is precisely what the medical profession complain of.

Finally you allege that "in all cases where such claims are made upon the government, a similar power is reserved:" in reference to which, the council direct me to say that they suppose there must be some mistake, as they are not aware of its being the custom of the British government to exact services, and subsequently to fix their own rate of remuneration for them. The council regret much having been forced by the reserve of the secretary of the Board of Health, to give so much trouble to the Lord Lieutenant, but the question has assumed a character, which, both as citizens and members of a profession, they feel bound to exhibit as plainly as possible to His Excellency.

I am directed further to say, that the council would feel very happy in being permitted to appoint a deputation to wait upon you, and fully explain this matter for the information of the Lord Lieutenant.

To the council the affair now appears to remain in this position:—Services are required to be performed by individuals, on behalf of government, no previous bargain having been made—these individuals demand remuneration upon the scale usual in their profession—an officer unauthorised by any law, charter, or prescription, cuts down that remuneration, and refuses to assign any reason for doing so, except his own pleasure. If it be the intention of the Lord Lieutenant to support this system, the council have only to say again, that they deeply regret being obliged to communicate the information to the members of the Medical Profession.

Your obedient servant, H. MAUNSELL.

Mr. Macdonald now gave up the defence of a proceeding so obviously indefensible, and in a note of the 6th February, plainly stated that his Excellency would not change a system "which has been long in operation, and has generally given entire satisfaction." At the same time he consented to receive a deputation from the council, which accordingly waited upon him, but failed of obtaining any more satisfactory settlement of the question.

The position of the profession in relation to Dr. Francis Barker (acting as a general board of health; with little better authority than his own mere motion), we have now fully and fairly stated. Whether or not the council of the Association may think it advisable

to bring the subject before the present government, or what success might attend such a step, we cannot say: at all events the manly and self-respectful course adopted by Dr. Tabuteau is open to the imitation of his brethren, and we may add that it might be improved upon were Dr. Tabuteau to institute a suit against the constabulary authority, by whom he was employed. This would at once try the question of Dr. Francis Barker's power of taxing medical fees, and would bring before the public this monstrous attempt to establish a government assize on the price of professional labour.

ERRATA.

Under the head "Bandon Union," in last PRESS, for "John White, Esq., J.P.," read *John Wheeler, Esq., J.P.*

In same number, p. 216, 1st col. 8th line from bottom, for "to *assist* the stimulus of distension," read "to *avoid*," &c.

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Particulars, with reference to the School and Anglesey Lying-in-Hospital, may be learned from Dr. HAYDEN, 32, Harcourt-street; Dr. HUMPHRYS, at the Hospital; or from any of the Lecturers.

DUBLIN SCHOOL OF MEDICINE,
PETER-STREET.

THE WINTER SESSION will commence on MONDAY, 1st November, 1841, at Two o'Clock, P.M., when Dr. Woodroffe will deliver an introductory address.

Anatomy and Physiology—PHILIP BEVAN, M.B., M.R.C.S.I.

Practical Anatomy and Dissections—E. STOKER, A.B., L.R.C.S.I.; C. J. MADDEN, L.R.C.S.I.

Theory and Practice of Surgery, and Operative Surgery—W. AUCHINLECK, M.R.C.S.I., Surgeon to Mercer's and Simpson's Hospitals; J. WOODROFFE, M.D., L.R.C.S.I., late Surgeon to the South Infirmary, Cork.

Theory and Practice of Medicine—D. J. CORRIGAN. M.D., Physician to Jervis-street Hospital, to the Hardwicke Fever and Whitworth Hospitals.

Materia Medica and Therapeutics—I. MOORE NELIGAN, M.D.

Botany and Natural History—THOMAS R. MITCHELL, M.D., L.R.C.S.I.

Medical Jurisprudence—C. O'REILLY, M.D. and Lic. K.'s and Q.'s Col. of Phys.

Midwifery and Diseases of Women and Children—R. L. NIXON, A.M., M.B., L.R.C.S.I., Surgeon to St. George's Dispensary; M.J. MACCORMACK, M.D., Master of the Victoria Lying-in Hospital.

The Dissecting Rooms, lighted with Gas, will be opened on the 1st of October.

An extensive Museum of Anatomy, Pathology, and Materia Medica, is attached to the School.

At the termination of the Session, the Lecturers on Anatomy, Surgery, Midwifery, Medical Jurisprudence, and Botany, will give premiums to the best answerers in their respective classes, on conditions which will be duly announced.

Certificates of attendance at this School are recognised by the Universities of London and Glasgow; by the Royal College of Surgeons, Dublin, London, and Edinburgh, &c.; Apothecaries' Hall, London, &c.; the Army Medical and Navy Boards.

☞ The Certificates on Practice of Medicine, Materia Medica, Medical Jurisprudence and Botany, are also recognised by the Apothecaries' Hall, Dublin.

WELLESLEY LYING-IN-HOSPITAL,
15, MERCER-STREET,
Established in 1827.

The Winter Session will commence on the First of November, 1841. Certificates of attendance on the Lectures and Practice of this Institution are recognised by the different Colleges, &c., &c.

Particulars known on application to Mr. CURTIS, L.R.C.S.I., Master of the Hospital, at 45, York-street.

N.B.—Mr. C. has vacancies in his house for two pupils, as boarders.

UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, that in future years the Examinations undermentioned will COMMENCE as follows:—

The MATRICULATION Examination on the FIRST MONDAY IN JULY.

The FIRST EXAMINATION for the Degree of BACHELOR OF MEDICINE on the FIRST MONDAY IN AUGUST.

The Examination for the Degree of BACHELOR OF ARTS on the FIRST MONDAY IN OCTOBER.

Candidates for Matriculation will be approved by the Examiners provided they show a competent knowledge in Classics, Mathematics, Natural Philosophy, and one of the three remaining subjects of Examination, viz. 1. Chemistry; 2. Botany; 3. Zoology.

Candidates who have not completed their 20th year may compete for Honours at Matriculation; and those who have not completed their 23rd year may compete for Honours at the Examination for the Degree of B.A.

Candidates for the Degree of Bachelor of Medicine who have graduated in Arts in any one of the Universities of the United Kingdom, will be admitted to the First Examination without previous Matriculation. The Regulations relating to Candidates who commenced their Medical Studies in or before January 1839, will continue permanently in force.

By order of the Senate,
R. W. ROTHMAN, Registrar.

Somerset House, Oct. 5, 1841.

ANDERSON'S UNIVERSITY, GLASGOW.

DR. M. S. BUCHANAN, Member of the Faculty of Physicians and Surgeons, Senior Surgeon to the Royal Infirmary, &c., will commence his Winter Course of Anatomy and Physiology, on Wednesday, 3d November, at Five o'Clock, P.M., and also his Course of Anatomical Demonstrations on Thursday, 4th Nov., at One o'Clock.

Fee for each Course, £2 2s.; for both, £3 3s.

The Saloon for Practical Anatomy (which is free to those attending either of the above courses,) will be open from Nine A.M. till Eight P.M., and communicating with which there has been added a large Reading Room and Museum, for the use of the Pupils, without any additional charge.

Fee for Dissection of every part of the body or for a complete course of surgical operations, including the use of instruments £2 10s.; seperate parts of the body in the same proportion.

Certificates of attendance on the above courses, as well as those granted by all the Professors of this University, are received by all the licensing boards in the kingdom, and by those of the Army, Navy, and Hon. E. I. Company.

Parents and Guardians of Medical Pupils ought most attentively to remark the superiority of Glasgow in regard to supply and price of *Dissection* as above stated, and also as to *Hospital Instruction.*

The Royal Infirmary, a General Hospital, contains on an average four hundred and fifty patients, and the Fee for two years' attendance is only £7 7s., which includes two full courses of Clinical Medicine, and Surgery, each of six months' duration.

The annual number of Surgical operations averages 130. Forty-eight Dressers are yearly appointed without additional fee. The *post-mortem* inspections are always performed in presence of the pupils, and there is also a Dispensary where upwards of seven thousand diseased poor annually receive advice, to the practice and clinic of which the hospital pupils are admitted gratis

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Wednesday, October 13, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXLVI.] DUBLIN, WEDNESDAY, OCTOBER 20, 1841. { PRICE SIXPENCE, STAMPED.

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXI.

Well, Gentlemen, I have given you two lectures on Asiatic cholera: let us see what ground we have gone over, and what yet remains. I gave you a short history of the rise and progress of this fearful malady, which is expressively named in India "Elowa and Mordekin;" the hurricane, the deathswoop. I then described to you, at some length, the symptoms as seen in Asia, in Sunderland, and in Dublin. Next I gave you ample quotations from the writers who had studied the *post-mortem* appearances in various countries; and finding them unsatisfactory as regarded the solids, I mentioned to you the result of observations made on the blood; and I endeavoured to show that cholera was the effect of a morbid poison, which acted on the nervous system, and through it on the blood, and on all the organs. I next considered the mode of its propagation, and the arguments for and against its contagious nature, expressing my belief that the disease originated in malaria, and was afterwards propagated by contagion, or more strictly infection, but I use the words indifferently. It may appear that two hours was a long time to spend on these points, but you saw how I hurried over them. The truth is, each of the subjects now mentioned would require an entire lecture for its discussion—nay, two or three lectures, if I were to notice the quarter of what has been published on them; but enough has been said, and I hope not too much for such a course as this.

We now go on to the *treatment*.

There are a thousand and one modes of treating this disease, and each has, in its turn, been lauded for its efficacy. Day after day as the tide of pestilence rolled on towards our shores, new methods of treatment, new remedies were extolled as all but infallible, and the older remedies condemned as worse than useless. The same thing occurred as the disease spread from town to town in England and Ireland.—When cholera entered any place, the most approved remedies, such as had been attended with complete success in other places, were tried, and generally failed; then the practitioners struck out some new course, or employed some new medicine, which cured all before it and banished the terrible intruder; but if the next town attempted to profit by this valuable discovery, the malady rebelled, and would not retreat one step until something new was thought of, or some old and half-forgotten drug was administered, when cholera again fled precipitately. This diversity was not owing to any peculiarity in the cholera of this district or of that, although many peculiarities were occasionally seen, but to a fact everywhere observed, that the first cases in any place could scarcely be cured by any treatment, whilst those which occurred at a later period were by no means unmanageable. But how are we to account for this curious fact? Was it that the disease became milder by its short sojourn in a given locality? Or was it that the inhabitants became seasoned by a certain amount of the poison, and, when the additional dose brought on the disease, could better endure it? Or was it rather that the subtile poison spread about quickly, and seized on subjects the least calculated to resist its attack, or to struggle against its malignity; while those whose constitutions had strength enough to resist the first approach of contagion, had also strength enough to shake off the disease when it did seize them? Be this as it may,

"quoi qu'il en soit," as the French have it, first remedies generally failed, and after remedies generally triumphed, so that they multiplied exceedingly. I will select a few modes of treatment from different countries, and remark upon them.

And first in *India*. Mr. Annesley informs us that when a patient labouring under cholera was admitted into hospital, he had a vein immediately opened, and twenty grains of calomel with two grains of opium administered in a pill, washed down with a camphor draught; then the body and extremities were well rubbed with warm flannel, and bottles of hot water applied to the hands and feet; when the spasms were severe, spirits of turpentine was used in the frictions. In the course of an hour he could judge whether the disease was at all arrested, or was going on unfavourably; if the former, nothing more was to be done for six or eight hours, when the calomel and opium was repeated, and an enema administered; and in twelve hours more these medicines were given again, and the patient was then considered safe. But if blood could not be drawn from the arm, if the spasms continued, with pain and heat in the epigastrium, with cold clammy skin, and loss of pulse, he applied twenty or thirty leeches to the scrobiculus cordis, repeated the calomel and opium, and continued the turpentine frictions; he also applied leeches to the temples, if headache or intolerance of light were complained of. Sinapisms were applied over the whole abdomon after the leeches, the calomel was repeated every two hours till four scruples were taken, and if the dejections were frequent and watery, small anodyne enemas were thrown up, with camphor. After this the treatment varied according to the symptoms. Mr. Corbyn's plan was to give a scruple of calomel in powder, and to wash it down with sixty drops of laudanum and twenty drops of oil of peppermint in two ounces of water; to bleed freely in the early stage; and to support the warmth by external heat, the hot bath and hot frictions, and by giving cordials internally. This plan was very much followed in India. Mr. Scott's treatment was essentially the same; calomel, opium, camphor, and stimulants, variously administered, formed the principal part of his remedies: and bleeding was sometimes used; the stimulants were brandy, arrack, sulphuric ether, and oil of peppermint; by others oil of cajeput was highly extolled. The mortality in Fort St. George in the years 1818, 19, 20, and 21, was, amongst the Europeans, 18 out of every 100 attacked, and amongst the natives was 27 in the hundred.

In *Russia* the medical council of St. Petersburgh recommended the physicians of the districts where cholera appeared, to hold in view the practice which British experience in the east approved of. At Orenburg, accordingly, bleeding from the arm was practised, and then scruple doses of calomel, with opium were administered; and the surface stimulated by frictions, &c. Sir William Crichton observes, that calomel and opium were largely tried at Moscow, but that the generality of the physicians there had come to the conclusion that *diaphoretics* furnished the most effectual remedy, and they also recommended bleeding in the commencement; he himself mentions warm diluents as among the most useful means of relief. Dr. Bisset Hawkins, relates the curious method pursued at Bakou, a town inhabited by eight hundred Russians and twelve thousand Persians. At the onset of the disease, the Persians stripped the invalid, even in the street; the limbs, the trunk, and particulary the chest and shoulders, were well rubbed and pinched; these manipulations were continued during two or three hours by ten people, and at the same time affusion of cold water continually employed; he was then placed in bed, diluents were given to him until sweating was produced, and when moisture appeared on the skin, he was regarded as out of danger: nevertheless, during the following nine days, he was restricted to a severe regimen of light food, and to moderate exercise in the open air; the authorities provided vessels of water, at the corners of all the streets, and even on the roads; no one passed the night alone; the moment that a case occurred in the street, the passengers ran to assist in this process of friction and cold affusion. Now this treatment appears, at first sight, very curious and unsuitable, but I really think it is more rational, if you consider the nature of the disease, than the calomel and opium plan. The patient has already taken an overdose of narcotico-acrid poison, why give opium to narcotize him still further? I can understand a homœopathist giving opium, but he would give it in minute doses, and to this I would have no objection, but I do object to large doses of opium. The spasms are supposed to indicate opium, but surely more important symptoms contraindicate it. Then why give such huge doses of calomel where there is no inflammation? is it not a very depressing drug? and though it usually rouses secretions, can it do so in so lifeless a body? would not small doses be more likely to effect this? The friction, the pinching, and the cold affusion on the contrary are calculated to excite reaction in the asphyxiated patient, and the method, as I think, was not at all irrational. Sir David Barry writes from St Petersburgh, that in the collapsed state the *magisterium bismuthi* had been found very serviceable, assisted by cordials, sinapisms covering the whole belly, and frictions; opium he thought was contraindicated, unless to allay vomiting and spasm, which the bismuth effected much better. He also tells of two German physicians, who declared at the medical council, in his presence, that during the preceding eleven days they had treated thirty cholera patients, of whom they had not lost one; their remedy was two tablespoonfuls of common table salt in six ounces of hot water at once, and one tablespoonful of a similar mixture, cold, every hour afterwards; they always began by bleeding.

In *Prussia* the treatment of cholera was observed by Doctor Hamett, who was sent by our government in June 1831, to Dantzic, to investigate and report upon it. He says that general bleeding was a good deal used, and also topical bleeding by means of leeches to the head; hot water and hot vapour baths were tried for some time, but were not approved of; they rather increased the congestion in the head, and were not free from danger during the changes of position of the patient, which they required. Stimulants were freely used by some physicians there; the carbonate of ammonia, a solution of phosphorus in the spirit of sulphuric ether, camphor, musk, &c. &c. The inhalation of oxygen gas was tried in two cases, by Doctor Baum, but both the patients died soon after, although there were previous grounds for a favourable prognosis.

In *France* we find the most eminent practitioners of Paris pursuing a great variety of plans for the cure of the formidable epidemic. Andral says, "the treatment which I should recommend, would be to take blood freely from the young and vigorous, taking care to desist as soon as convulsions or fainting are observable; it will be found a good plan to apply friction to the skin, with a flannel cloth, dry, or soaked in a decoction of aromatics; sinapisms also should be put to the limbs; internally our main stay is opium, which should be given in every possible form, both by the mouth and in *lavemens;* at the same time the patient should be treated with emollient drinks of rather a high temperature. But it may be asked, do I mean to prescribe calomel entirely? why, at the very moment I am now speaking there are

thousands of patients taking it, and some of them, no doubt, will get well; I must confess, however, that I cannot account for the prostrate veneration, which English physicians pay to this metallic drug; I can only compare them to those poor Indians, who, faithful to their ancient creed, persist with words of mystic import, in plunging their sick into the charmed waters of the Ganges." These observations were made by Andral in a clinical lecture, delivered in 1831, before cholera had entered Paris; you find it in the *London Medical Gazette*. It was on the 26th of March, 1832, that the disease broke out in the French capital, and we find the *Gazette Medicale*, nine days after, announcing that 1052 cases had occurred up to that time, of which 395 had died. The treatment adopted in the Hotel Dieu, by the different medical officers, is also given in the same journal; Dupuytren commenced with making five or six scarifications of the epigastrium, each of them sufficient to deplete to the extent of two or three ounces; he then directed the patient to be vigorously dry rubbed with flannels, after which he administered a cup of the decoction of poppyheads, to be repeated every two hours. Every hour also he gave a dose of the subacetate of lead in an infusion of mint; a *demilavement* of the decoction of poppies every third hour; and dry rubbing was constantly kept up. Magendie, in the stage of collapse, placed his reliance on strong punch made with alcohol and infusion of chamomile; in the stage of reaction he substituted a simple tisane for the punch; and if there were symptoms of congestion towards the head, he applied ice, or iced water according to circumstances. M. Recamier used cold affusion beginning with water at the temperature of 16° of Reaumur (about 66° of Fahr.); his internal remedies were infusion of mint, and every quarter of an hour a spoonful of a mixture composed of a drachm and half of tincture of opium, a drachm of sulphuric ether, and six ounces of infusion of mint; beside which the patient was rubbed with camphorated liniment, having a fourth part of tincture of opium mixed with it. M. Breschet gave acetate of ammonia in chamomile tea, an ounce to the pint. He also gave thirty drops of sulphuric ether, in a little tincture of canella, and syrup of quinine occasionally; also laudanum injections and ammoniacal frictions. M. Chomel used frictions with spirits and acetic acid; and laudanum in the dose of twenty drops to the ounce of mint-water with syrup. M. Gendrin dosed largely with opium, and employed spirituous frictions. You see most of them agreed in giving laudanum, most of them gave stimulants, all used frictions; Dupuytren alone prescribed acetate of lead, and Recamier alone prescribed cold affusion. It is plain that none of them regarded the disease as inflammatory.

Well, in our own country, I mean Great Britain and Ireland together, the practise was so varied in different places, and under so many different views was the epidemic regarded by the several practitioners who had to deal with it, that I feel great difficulty in telling you what was done; it would be less troublesome to tell you what was not done; and yet I hardly know what was not done; I should not find it easy to name any article of the materia medica which was not tried and praised and blamed in its turn. All sorts of purgatives and astringents, every salt and every oil, every stimulant and every sedative, every emetic and every diaphoretic were tried and extolled, and tried again and found wanting. The periodicals were filled with remedies, and plans and cures—not put forward by quacks, nor with any unworthy intention, but advanced by men of science, and of extended experience, who from theory or actual practice were fully convinced of the efficacy of what they recommended. I shall mention two or three, and then tell you the practice adopted in this city by a few of our own men, who had the most extensive opportunities of studying the disease, and were eminently qualified to benefit by their experience.

One of the first, and most renowned of remedies, was the *cajeput* oil. It had been sometimes used in India, and was considered as good as the oil of peppermint, or any of the other stimulating essential oils, but here it was destined to have much greater celebrity. Sir Matthew Tierney, I think, first introduced it to favourable notice in England, and its fame spread like lightning over a great part of Europe; no house was considered safe without a little vial of it on the mantel-piece, ready for immediate use, and no prudent old bachelor would think of going out without a dose of it in his waistcoat pocket; fortunes were won and lost by the traffic in it, and the price of it rose so rapidly that it was hard to get the genuine oil. But if its fame spread like lightning, it vanished as rapidly, and the oils of cinnamon, cloves, peppermint, &c., very soon asserted their equality of virtues.

Then came the *neutral salts*, the non purgative neutral salts, as muriate of soda, nitrate of potass, &c., which were to be taken into the stomach or injected into the veins. Dr. Stevens maintained that in yellow fever, cholera, and similar diseases, a change took place in the composition of the blood, attended with a loss of its saline ingredients, and of its stimulant properties depending on these; that the loss of colour, so remarkable in the blood of cholera patients, was owing to the loss of the salts, and could be restored by administering them in draughts; and many instances were recorded in different places, of the efficacy of common salt freely given to cholera patients. Dr. Smart of Cranborne, suggested that the salts sufficiently diluted, might be injected into the veins, as more likely to be efficacious than by the stomach, and Dr. O'Shaughnesy, who had analysed the blood with great care, advanced the same opinion, and enforced it with so many arguments, that it was extensively tried, and according to some, with success, but it always failed in Dublin. Mr. Knight thought that carbonate of soda was the best for internal use, and much argumentation and skirmishing took place in contending for the honour of discovering the saline treatment, and the best mode of using it.

Dr. Lindsay found mustard emetics of the utmost value if administered early. Dr. Wilson Philip considered that all the symptoms of cholera were the necessary consequences of a certain and sudden diminution of nervous power, which he proposed to remedy by galvanism. Mr. Hewett gave croton oil freely to restore the secretions, and others added tobacco injections to allay the spasms—two of the worst doses, as I think, that could be contrived. Mr. Green recommended hot air baths. Mr. Earle cured a vast number (and lost none) by moderate doses of calomel and opium, with mustard poultices applied over a great part of the body. Dr. Colvan arrested the spasms and discharges by using pills of ammoniated copper, and he prevented the developement of the secondary fever by making the gums tender with pills of calomel and opium; and so on. I can only name a few of the proposals or the proposers. Take up the medical journals of 1831, 2 and 3, and you will find one-half of their pages filled with cholera, beside the volumes written exclusively on the subject. A strong solution of camphor, under the name of Ponsonby's drops, obtained great celebrity. Good brandy was considered for some time to be a sure preservative against the disease, but by opening a door to intemperance this agreeable prophylactic became a most powerful predisposer to the evil which it was intended to avert.

Here I may mention some circumstances, which

were thought to have an influence in predisposing to the disease, or in guarding against it. It was found to attack the poor, the debilitated, and the debauched, more frequently than others; bad food, imperfect clothing, and fear, strongly favoured its development; and persons under these distressing circumstances, if exposed to contagion, were very likely to suffer, while those who enjoyed high health and spirits would escape. Hence every board of health, and every government, from the sovereign of an empire to the father of a hamlet, published directions and advice accordingly. Damp feet, wet clothes, confined habitations, exhaustion of body, excessive application of mind, fear, anxiety, intemperance, long fasting, bad food, unripe fruits, ill boiled vegetables, too free or too confined a state of the bowels, sour or half fermented drinks, and such like were found to be extremely prejudicial. Whilst warm clothing, dry habitations, wholesome living, as high as could be, consistently with vigour of mind and body, a cheerful state of mind, arising either from constitution, or from a firm reliance on Divine Providence, all tended to fortify the system against the approaches of the disease. The good effects of these were visible in physicians and clergymen, and even in nurses, to an extent that made the contagious nature of cholera be questioned; but nothing is more easily understood, nor more clearly consistent with analogy, than that a vigorous tone in the nervous system would enable it to resist the effects of a poison to which, in a more debilitated condition it must succumb.

Well, it is time to give you some account of the Dublin practice; you will have a fair view of it, I think, if I read some extracts from letters which I told you Professors Apjohn and Hart favoured me with on the subject, and also from the published essays of Doctor Cranfield and Mr. M'Coy. The two last, I told you, assisted Doctor Lindsay in Grangegorman Hospital, and the two former had themselves the superintendance of the hospitals in Townsend-street and the Liberties of this city.

Mr. M'Coy passes in review several of the most applauded remedies: he could not bring himself to use the saline injections of the veins; he thought it would be loss of time to pour the non-purgatives salts into the stomach, but he saw others do it without producing any effect, good or bad; pressure on the surface by means of flannel rollers he saw tried, without benefit; he did not "make the experiment" of bleeding, and an instance he saw of its adoption, did not encourage him to imitate it. He says "before three days my confidence in opium was nearly gone; not that I found it inert, but fearfully the reverse: when brandy, capsicum, the warm essential oils, &c. &c., appeared to produce no more effect than if they had been thrown into a vessel, by the patients bed-side, opium in large doses quickly brought on the symptoms attending the poisonous action of this drug, and it was mostly only in large doses it manifested any action. I have given it in every way I found recommended, in maximum and minimum doses, and while I am unable to find a single instance in my case-book, which I could call a recovery, through its aid, I could point to many where it did irreparable mischief." He had at first strong prejudices against cold water for drink, but a patient who drank freely of it, unknown to him, having recovered, he began to use it, and found it by far the most useful and the most agreeable drink; stimulants of all kinds were used, "they seemed to be inert in some, others they appeared to rouse from the death-like state of collapse for a period, and in a great many they were decidedly prejudicial from the beginning;" he found it of little use to stop the vomiting or purging, and he did not much use any means for that purpose; warm clothing and artificial heat, except to the feet, he found generally injurious, and never useful; patients cannot endure it, they beg for cold air, and tear off the clothes to cool the intense burning heat within; a mustard poultice over the stomach, often relieved the burning heat of that organ. He then says, "I shall now briefly detail the mode of treatment I have for some time put in practice, and which I have found superior to any other, by many degrees. I do not boast of having found that medical *chimera*, called a *specific*, and what is more extraordinary in those times, I do not believe it one, or wish to lead others into such a belief, but I would urge a trial of it on the profession, as experience, laboriously purchased, has given me great confidence in its value. About the middle of July cholera had arrived at its acme in Dublin; from the 10th to the 14th, inclusive, 615 cases were admitted into the Grangegorman Hospital according to the registry; my nurses and deputies were worn out with fatigue; and as I feared to trust their vigilance too far, I remained as much in the wards allotted to me as possible; for nearly five weeks I was seldom in bed before sunrise; this constant *surveillance* brought me more into the minuter details of the cases, and insured the regular administration of the medicines. On the 13th of this month, after watching for several hours some bad cases under the stimulant treatment, I concluded my observations in my note book with these words, 'perhaps the disease should be treated more mildly—*are* internal stimulants good?' it was not the commencement of doubt, but the hesitation to make an experiment. I shortly after began the treatment of cholera with calomel, to the total exclusion of all stimulants; the form in which I gave it was mixed with about a third of white sugar, put dry on the tongue, and washed down with a *small* quantity of cold water, for a good drink might cause vomiting, which of course immediately after the medicine would not be desirable. The dose I began with was ten grains every hour, or five grains every half hour, but I soon found this insufficient, and as I proceeded in the plan, finding there was no cause to fear present or remote injury from it, I ventured ten, fifteen, and even twenty grains every hour or half-hour, as the urgency of the case demanded. The three first collapsed cases in which I tried these large doses, took these several quantities before they were sufficiently recovered to suspend its use; James M'Entee, 440 grains of calomel, in 68 hours; Mary Byrne, 360 grains, in 84 hours; Mary Burke, 276 grains, in 13 hours; Jane Brady, a delicate girl, who had suffered all the privations of poverty, took 428 grains, in 28 hours. I give these as examples of cold, pulseless cases, with copious rice-water vomiting and purging, and blue extremities.—My limits will not permit me to give cases in detail, but I have noted thirty cases of a similar description equally successful. There is but one kind of case which I have hitherto found to resist calomel, and that is one where nothing to my knowledge can be relied on for success: the patient is struck suddenly with complete prostration of strength, he lies as if asleep, his stools are involuntary, and *there is no vomiting;* he is deadly cold and without pulse; his skin is generally blue and clammy, but many are pale, and in some the skin is dry; they are rapid in their course. This is the kind of case in which I have repeatedly tried powerful emetics often without success; in one I succeeded in exciting vomiting, which produced an astonishingly good effect; but a glass of brandy, with cinnamon water, was given him sometime afterwards, and he immediately relapsed into his former state, and soon sunk. From these large quantities of calomel in a limited time I have never seen mercurial eruptions, erythismus, dysentery, profuse salivation, or any one of the other many

ill consequences resulting occasionally from mercury. The gums are often barely touched; sometimes there is a slight flow of saliva for two or three days; the soreness of the mouth is generally felt from 40 to 70 hours after the first dose, and in a week there is seldom a trace of it remaining. When reaction is established, the pulse has sometimes become too rapid and full, and the countenance rather flushed; a single active cathartic removes these, and then the mouth becomes affected. I have had five cases where a constant and troublesome hiccough came on, when the pulse and heat of skin returned after the collapsed state. I tried with the first of these, a mixture of rhubarb and magnesia, then a blister over the stomach, and several other things, without the slightest benefit; 20 drops of diluted sulphuric acid in a cup of water, every hour, succeeded in it and all the subsequent cases, in from the second to the fifth dose. The first stool, after that of the rice-water kind has ceased, is generally (in the calomel treatment) of a greyish colour and without fetor; the second, or at farthest the third, discovers bile. I allow the patients their favourite drink, cold water, but as they improve and relish it less, I substitute often cold weak beef tea, carefully deprived of every particle of floating fat. The first flow of urine appears generally with the first or second grey stool, [could oxide of mercury give this hue?] Under this treatment every symptom I have noted of cholera disappears; the least of fever or debility has not followed in a single case I thus treated. The recovery is perfect in from two to four days."

So much for my friend Mr. M'Coy.

Now for my friend Dr. Cranfield. Here are his "Practical Observations on Cholera." This little work you will find worth your perusal. In looking it over I marked so many places which I intended to read for you that I am almost deterred from reading any; I must rather request you to study the book for yourselves, letting me first give you the substance of one or two passages. He justly remarks that when cholera is epidemic in a district, a lax state of the bowels or diarrhœa are very prevalent amongst its inhabitants; thin feculent bilious stools are passed with various frequency, which gradually glide into the characteristic discharges, and must be considered a premonitory symptom. Castor oil, with laudanum and Daffy's elixir, or Gregory's powder, are often prescribed for this, but nothing can be more dangerous. Some astringent ought to be administered, as kino or catechu, and if serous purging has come on, the acetas plumbi is best. "The patient should be sent to bed; from ten to twenty grains of acetas plumbi, dissolved in half a pint of distilled water, by the aid of ten minims of acetum distillatum, should be administered per anum, and either the vegetable astringents or acetas plumbi, may be given by the mouth. The latter may be given in doses of two grains every second hour, dissolved in distilled water, with the addition of a few minims of acetum distillatum. Very few doses are necessary, and in 12 or 24 hours the patient will be commonly found free from complaint." In the collapse he shows the necessity of preventing the patient from walking, or even standing up, which has sometimes proved fatal. He dwells on the advantages of restraining the vomiting and purging, which increase the collapse; and he thinks this is best effected by the acetate of lead. Dr. Cranfield was so kind as to send me a copy of his book, and with it a note which briefly explains his view of the pathology of this disease, and his mode of treating it. I will read some of his notes: he says—"The draining of the fluids from the intestinal mucous membrane is virtually a passive hæmorrhage of the watery part of the blood from it (and in advanced cases of the red globules also), and whilst it continues, instead of affording any natural relief, increases the debility and prostration, and thus increases the disease. It is, therefore, most important to check it as soon as possible, and this is to be done by improving the tone of the mucous membrane by astringents (of which the best is acetate of lead in solution), and stimulants (of which the best are carbonate or aromatic spirit of ammonia, and weak spirituous drinks) if the stomach will bear them; but everything which produces vomiting does harm. Pacifying the patient's mind diminishes the deleterious impression on the nervous system. Cold water and lime-water are generally the best drinks. Mustard plasters on the stomach best relieve the weight and pain there; and the same on the spine most effectually relieve the cramps. Opium must be given very cautiously, else coma or debilitating perspiration will be occasioned; if given with acetate of lead the effect of both will be diminished or destroyed, on account of the insolubility of the meconate of lead." Dr. Cranfield places great reliance on the acetate of lead. He says he took the idea of using it from Dupuytren, and began to administer it in September, 1832; but he complains of an attempt which was made long after by a learned professor to rob him of the merit of introducing it into this country, and to take to himself all the honour.—He says "it was with great surprise that I found a celebrated professor in Dublin claiming the credit of having first adopted, or at least introduced to the profession, the treatment of cholera with acetate of lead, though my treatise was in print before the first occasion of his using it, and though I had prescribed it in a cholera hospital in Dublin *a full year* previously.—Well might I say to him with Caractacus, 'Alas, how is it possible that you, possessed of so much magnificence at home, could envy me an humble cottage in Britain!' But in exhibiting acetate of lead in this disease, I think he has made a great mistake in giving it in the solid form, and combined with opium, which decomposes it."

Next I will read for you a valuable communication from Dr. Hart. He has not published anything on the disease, but I requested him to furnish me with the results of his extensive experience in Townsend-street Hospital, where three thousand patients were treated under his direction, and he kindly complied:—

"In the first stage where there were present diarrhœa, either fœculent or of the wheyish character, with pain and tenderness in the epigastrium, loaded white cool tongue, tendency to nausea and quickened pulse, with occasionally cramps of the legs, &c., I used a warm purgative—say,

Pulv. Rhei. gr. xv.
Magnesiæ, ℥ss.
Aquæ cinnamomi, ℥iss.
Tinct. Rhei. ℥iij.
—— Opii.
Ol. essent. caruï aa. guttas x.—Ft. haustus.

"This or a similar draught had a most salutary effect in most cases of the above description in 1832, 33, and 34—its use was generally followed by complete and rapid recovery, sometimes gastritis followed, which yielded to the usual treatment employed in that affection. But many cases progressed to the second or collapse stage, notwithstanding the utmost care and attention were bestowed on them. Where the case showed the tendency to run into collapse, stimulants were employed with astringents, both given by the mouth, and in the form of enemata. The stimulants were brandy and water, wine, spirits, camphor, carbonate of ammonia, ether, phosphorus dissolved in ether as recommended by Magendie, &c. The astringents were decoct. querci, hœmatoxyli, alum, and powder of galls, strichnine, &c.

"In the second or collapsed stage, with pulse at wrist imperceptible, but at the heart 120, blue shrunken features, dark circle round the eyes and mouth, stridulous voice, cold white tongue, urgent thirst, black nails, shrivelled skin on the hands and fingers—with vomiting and purging of the wheyish fluid, cramps of the legs and arms, &c. An emetic of mustard was given at once, and sinapism applied over the region of the stomach—after the action of the emetic, symptoms of reaction generally took place—such as return of pulse at wrist, and general increase of temperature. Experience, however, taught, that to keep up reaction, stimulants should be employed, and those we used were carbonate of ammonia, camphor, oil of turpentine in ounce doses, cajeput oil, &c., and frictions with oil of turpentine; simple friction with the hands or with flannel I consider of the utmost value in the treatment, as they not merely relieve the distressing sufferings produced by the cramps, but serve as a means of keeping up reaction.

"Mercurial medicines, as calomel by itself, or with opium, were given often with advantage. In the year 1834, I employed the aqua ammoniæ, caustica in drachm doses frequently repeated with marked good effects.

"When reaction took place, it terminated either in rapid recovery, or there supervened fever sometimes with gastric symptoms—and sometimes of a typhoid character. The mortality from fever in the Townsend-street Hospital was remarkably small, which I attribute chiefly to the circumstance of my having fitted up airy sheds in the yard, apart from the wards and into which I had the fever cases removed. The typhoid fever was often accompanied by great determination to the head, which I often attributed to the employment of opium in too large quantities. Where calomel had been given, salivation cotemporaneously with reaction, was sometimes produced, and many persons attributed the recovery to the use of the mercury. I was at first inclined to be of that opinion, but, subsequent experience led me to regard the occurrence of salivation not so much the cause as a consequence of the recovery.

"*Nitrate of Silver.*—I first tried the nitrate of silver at the suggestion of Dr. Barker, to whom its use as a remedy had been commended by Mr. Hughes, from the county Galway. Mr. Hughes advised a drachm to eight ounces of water, to be given in divided doses at short intervals. It occurred to me, however, that it might be of use as a powerful astringent, and with this view I gave ℈ in two ounces of distilled water, to a woman in the collapsed stage, where all other astringents, including acetate of lead and opium had been given without effect. This dose was soon thrown off—but the vomiting did not afterwards return. The employment of the nitrate of silver in various other cases was followed by a simular result; hence I consider it a valuable remedy, in addition to the numerous others which it is often necessary to have in reserve in the treatment of the Asiatic cholera.

"*Injection of Saline Solution into the Veins.*—I tried this treatment in 12 cases, selecting those only in which there appeared to be no reasonable hope of recovery under other treatment. In many instances, four pints of water at 98° F. having the carbonate and muriat of soda in solution, were injected into the veins of the arm, and the operation was, in some instances, four times repeated on the same individual. The effects produced by injecting from two to four pints into one of the veins of the arm were usually the following: return of pulse to the wrist where it could be distinctly felt—increase of temperature—return of the cramps—vomiting and purging, which symptoms had previously ceased—thus bringing back as it were, the disease from the moribund state, to one which had preceded it, and postponing the fatal event for perhaps 12 or even 24 hours.

To keep up the reaction induced by the injections, wine and other stimulants were freely employed, but notwithstanding the patient relapsed, covered with a copious perspiration, and although a repetition of the injection was followed by a similar reaction, it was of a feebler kind than that which followed the first operation, and each successive repetition of the injection in the same person, produced less distinct effects than the preceding, until at last death took place."

My time is more than up, but I must detain you a few minutes longer, to read an extract of a letter which I received from Dr. Apjohn. It is an answer to some queries which I put to him for your information, and my own, respecting the history, the nature, and the treatment of cholera. It is a valuable letter, coming from a person whose deep, comprehensive, clear, correct, and elegant mind, had the advantage of great experience in this perplexing malady. His observations on the history and nature of cholera, and on the question of contagion, I have alluded to before, as coinciding with my own; I will now read his brief remarks on the treatment, and as he has not published on the subject, they are worth stopping for.

"The application, to the extent at first generally practised, of external heat I found very distressing to the feelings of the patient, and of very questionable utility—so that in a short time I, in a great measure, gave it up. Indeed when the spasms were urgent, it was perfectly impossible to keep the vessels of warm water in contact with the body. The temperature, however, of the lower extremeties, I always endeavoured to recall, and maintain, by enveloping them in blankets, and applying externally a jar of hot water. When the water was a little over 90° the immediate contact of the jar with the soles of the feet could not be endured. As a substitute for the *steaming* and *baking* plan, I generally resorted to friction, principally upon the lower extremities, with oleum camphoratum, and invariably found it, as far as I could judge, to give considerable relief. I was, in fact, under the impression, that if I had sufficient assistance to give to this *friction* treatment a fair and extended trial, I should have been much more successful than I was.

"The excessive thirst, and obstinate vomiting are, you are aware, very prominent and distressing symptoms. After a week's trial of effervescing draughts, opiates, blisters to epigastrium, and leeching at the same point, it occurred to me that the administration of ice (mere frozen water), would be likely to prove beneficial; and my anticipations were so fully verified on trial, that I continued to use it constantly until the hospital was closed It satisfied the thirst in much smaller quantity than would be done by water, and very generally stopped the vomiting. You are probably aware that this practice was put forward as his own discovery some months after, by one of the editors of a certain journal. In conjunction with the curative means just detailed, I, after a little time, soon fell into the practice of giving calomel combined with camphor. Two grains of the former with half a grain of the latter, was given every hour in form of pill, and I do not think in any instance I lost a patient whose mouth became affected. Other stimulants, particularly ammonia and brandy, were at first used, but I soon satisfied myself that they were inferior in efficacy to the camphor. During my first week at the hospital, I gave opium in large doses, but I soon found it necessary to give it up. In fact I do not doubt that this powerful and valuable medicine is a regular poison in the Asiatic cholera."

ACADEMY OF MEDICINE OF PARIS.

September 28.

RADICAL CURE OF INGUINAL HERNIA. BY M. GUERIN.

P. Martin, aged 48, of good constitution, was affected with two reducible inguinal herniæ. That on the left side existed for 20 years, appeared after an effort, and had augmented but little in size since it first appeared; it descended to the middle of the scrotum, and when completely down was about the size of a goose egg; the inguinal canal ran in an almost directly antero-posterior course, admitted of the introduction of the thumb, and its parietes did not come in contact on the reduction of the herniæ, the border of its external orifice even remaining a little tense. The hernia on the right side also appeared after an effort and about three years subsequently to that of the opposite side; it is somewhat smaller than the other, but descended nearly to the bottom of the scrotum; the inguinal ring only admitted the index finger, which could, however, with a little effort, be passed into the canal, which was less oblique from within outwards than in the natural condition. The canal and its orifices remained open as on the opposite side. During the contraction of the abdominal muscles, upon any exertion, coughing, &c., the canals and their anterior orifices dilated, and their parietes became very tense.

On the 11th July the patient was laid on a bed, the thighs separated, semi-flexed, and the pelvis depressed. The hernia being reduced, the finger could be passed to the bottom of the inguinal canal, and the cords formed by the pillars of the ring and the borders of the posterior orifice of the canal be felt. A transverse fold of skin at the inner and lower part of the groin over the pubis and at the root of the scrotum was pinched up, and drawn upwards to a level with the orifice of the canal; a puncture was made at the base of the fold, as deep as the entrance of the canal above and internal to the spermatic cord, and through this puncture was introduced a convex myotome, with a blunt rounded point, deep into the canal which was incised obliquely from behind forwards and from within outwards to the depth of about 1 centimetre; the finger being kept all the time on the cord to depress it out of the way. The blade was now turned, and an incision made from above downwards in the inner angle close to the pubis, through the tense parts formed by the two divisions of Poupart's ligament, and the fibres of the great oblique muscle. Finally, several superficial scarifications were made in the canal, at points intermediate to the three chief incisions. The incisions only implicated the aponeurotic fibres of the great oblique muscle.

The operation lasted ten minutes, and about a cupfull of blood was lost; after expelling the air and part of the blood from the wound, a spica bandage was accurately applied. The patient lay on his back in bed, the thighs semi-flexed, the pelvis raised, and the rest of the trunk depressed.

On the 8th day the bandage was removed, there was no trace of the external wound—no redness or tenderness along the inguinal canal, which was the seat of an effusion of matter already of a certain consistence. Compresses were applied on the canal. On the 15th day the matter effused in the canal was hard and almost of fibrous consistence. On the 20th day he was allowed to leave his bed. The inguinal canal was completely obliterated, and during any efforts, the viscera could be felt impelled against the abdominal parietes at a point above, and external to the canal.—*Gazette Medicale.*

October 5.

M. Bouvier entered into some considerations respecting the abuse of tenotomy. Stromeyer in presenting to us that admirable operation, did not exceed the limits of logic and experience in applying it. In France it has latterly been abused in an extreme degree, being applied right or wrong to the fingers, the back, and other regions where it is injurious or useless. Endeavours have been made to impose upon incompetent or thoughtless persons, by reasoning from what occurs in club foot, not recollecting that as regards the foot, it is sufficient to render it straight and fit to act as a basis of support; but is this the case with the fingers? assuredly not, for here it is not sufficient to straighten the part, its mobility must also be restored and preserved, otherwise nothing is effected; straight, stiff, motionless fingers render the hand useless; nevertheless, such a result has been trumpeted forth as a success. Having had occasion to treat a tendinous contraction of the fingers, I carefully avoided imitating the tenotomists. I have proved by experiments on animals, which I presented to the Academy, that section of the flexor tendons of the fingers, causes the cicatrisation and adhesion of the two divided ends of the tendon, whence follows impossibility of their gliding in the sheath and consequent immobility. In my patient, gradual extension has succeeded so well, that the elongation is more than complete, as the fingers are almost thrown back on the dorsum of the hand.

ACADEMY OF SCIENCES, PARIS.

October 4.

M. Flourens read a first memoir on the developement of bone, in which he examined the formation and resorption of the osseous layers. The author had performed numerous experiments on rabbits and geese, and presented 16 preparations illustrating their results. The experiments were chiefly executed according to Troja's method—*i.e.*, by destroying the medullary membrane with a probe; in some, however, the contrary method was pursued, the periosteum and bone being destroyed, and the medullary membrane preserved. The general result of the memoir is, that the periosteum, as Duhamel asserted, is the exclusive organ of the formation of new bone, while the medullary membrane is the exclusive organ of the absorption of bone. Both the periosteum and medullary membrane are however capable of being themselves regenerated during the formation of new bone. The formation of callus is to be investigated in another memoir, but in the mean time M. Flourens announces that the true callus is the result of the ossification of the periosteum, the provisional callus being but an accident of the formation of callus—*i.e.*, the result of an accidental humoral secretion occasioned by the traumatic lesion, which disappears, and which does not necessarily exist. This is a return to the doctrine of Duhamel so long regarded as inaccurate.—*Gazette des Hopitaux.*

EXPERIMENTAL RESEARCHES ON THE GENERATION AND PROPHYLAXIS OF TUBERCULAR DISEASES. BY J. COSTER.

I had not yet intended to publish my researches, as they required the sanction of time and number to yield satisfactory and undeniable results; but as one of the means to which I attach most importance has been lately made public, I have resolved to make known my views, not so much to vindicate my claims to priority, as to escape the reproach of appropriating the ideas of another.

It is first necessary to admit, that the presence of tubercular matter supposes the existence in the system of a special disposition, a peculiar mode of existence; which disposition may be transmitted by hereditary influence, or acquired under the influence of external

causes, of the most powerful amongst which, unquestionably are, the absence of solar light, cold moist air, deficiency of exercise, and defective diet.

Tubercular matter is then the product of the entire organism. It is a confined and barren view to regard it as the result of the diseased action of an organ, or even of a system of organs considered separately. This analytic method of studying diseases is suited to aid the indolence or limited scope of our intelligence. We can well understand the anatomist unravelling the various threads of our tissues, and isolating them from each other, but we must also learn to regard all these isolated parts as constituting one whole, inasmuch as it is thus that those parts really exist in nature. Above all, we must not confound the real disease, with a mere local malady, which is most frequently but the index of the general condition.

Tubercular matter is not the result of a secretion from any particular organ, were it so, were it secreted by the lungs for example, it would only be found in organs whose parenchyma presented a certain structure, and it could only be met with in the lungs. Thus the bile is secreted by the liver alone, the urine by the kidneys, the saliva by special glands, &c. This is not the case as regards tubercular matter, which is found deposited in an infinity of organs differing much in structure and functions. It occurs in the lung, liver, kidneys, testicles, lymphatic glands, in the serous membranes, the cellular tissue, the very bones, &c. And how could we admit that organs and tissues so different in structure and functions could be endowed with the property of secreting an identical product? It is evident then that the tubercular matter found in the various organs, is not the product of secretion.

Is it the product of an inflammatory or any other diseased condition of certain organs? By no means. First, it is a property of an inflammatory condition of an organ to exaggerate its functional activity; but if, assuming a term of comparison, we suppose that inflammation exaggerates the secernent action of the lungs, and that the consequence of such exaggeration is the formation of tubercle, we must ask why should the inflammation of other organs so very different in structure, equally cause the formation of tubercular matter? Furthermore, if inflammation of the parenchyma of the lung or of any other organ sufficed to cause tubercular deposition, we may ask why does not inflammation constantly produce this effect? Evidently because inflammation can never cause the deposition of tubercular matter, unless that matter is previously contained in the circulating fluids. But it cannot exist in those fluids, unless they have been elaborated under the influence of an organisation disposed for its creation. Thus pulmonary inflammation, how intense soever, will never produce tubercles, except where the economy is previously placed in the condition essential to their production, unless there is predisposition; in a word, where we have the phthisical, strumous or rachitic diathesis, all phrases expressing varieties of the same condition. I must, however add, for the sake of those who will be prepared to protest against this proposition, that I by no means deny that inflammation cannot be; nay it very frequently is, the occasional cause of a tubercular deposit. I shall explain myself on this point again.

This is not all; if it is demonstrated that tubercular matter occurs in the various tissues, without any trace of inflammation, or of any other morbid action, save the mere presence of the tubercular deposit itself, it could not be asserted, that it was the result or product of an antecedent or concomitant inflammation; but that this does occur, is now so perfectly established, that it is superfluous to insist further on the point: whoever has performed autopsies, is well aware that miliary tubercles are often found in great numbers, the lungs being sometimes riddled, so to say, with those granulations, while the tissues containing them do not present the remotest traces of inflammation. It is well known that most frequently, perhaps even always, inflammation at length succeeds to the presence of these foreign bodies; they then act mechanically. It is also known that under other circumstances, inflammation often precedes the formation of tubercles; it then, however, only acts by at first favouring the congestion of blood at a point, and subsequently it tends to modify the blood, to disaggregate its constituent elements, which above all things favours the deposition of the tubercular matter, which circulates with that fluid.

We thus see that neither inflammation nor any other morbid action can transform the various tissues in which tubercle occurs, into so many secernent organs of tubercle. On the other hand, tubercles can form in certain tissues without any antecedent inflammation.

If now we review this series of propositions, whose truth seems to be established beyond doubt; if tubercular matter is not the product of the secretion of an organ; in other words, if there does not exist in the economy any organ, any special tissue destined to elaborate this substance, and if on the other hand this morbid product is not the result of the inflammation of any particular organ or tissue, it follows as a necessary consequence, that tubercular matter exists in our organs as a simple deposit.

But if so, whence does it come? This is the real pinch of the case, and yet, on the solution of this question depends every reasonable plan of treatment and prevention. We say that it is a product of the entire organism, that it should be found, and in fact, is found in the blood of those who have inherited it, or who have acquired a special organisation under the influence of special causes, which organisation has for its effect the elaboration of peculiar fluids under the influence of certain occasional causes, several of which are easily appreciated. Thus tubercles, wherever situated, do not constitute the disease; they are but the expression, the manifestation of a pathological disposition, so universal that it influences every molecule of the system, communicating to the entire economy as to each of its constituent atoms a mode of existence peculiar to itself, and often cognisable in the physical and moral condition of the individual.

If our reasoning be just, we might tell, almost *a priori*, what are the organs and tissues in which tubercle should most frequently occur. In fact, if this matter circulate with the blood; if from any cause it separates therefrom and becomes deposited in any situation, the deposits should occur by preference in the organs, or in the vicinity of the organs, that receive the largest proportional quantity of blood within a given time. But, in order to have a deposit, it will not suffice to have an afflux of blood to a given point, it must also be divided, attenuated in an extreme degree, and filtered as it were through the organic tissues; it is sometimes requisite that it should undergo a physiological and even a morbid alteration, under the influence of which its composition tends to be modified, and its elements to separate; a double mechanico-vital action, which unquestionably facilitates the separation and deposition of certain materials which have become foreign and hurtful to the system. But this is precisely what is demonstrated by the observation of facts.

In fact, excluding the heart, which is evidently out of the present question, the organ which receives most blood in a given time, in which the blood undergoes the most frequent, rapid, and important modification,

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through which it is, so to say, filtered and divided almost infinitely, is unquestionably the lung; and tubercles occur so much more frequently in the lung, that the disease has been called *pulmonary phthisis*, a phrase altogether improper, and which can only contribute to the maintenance of a medical heresy.

The bronchial glands rank almost on the same line with the pulmonary parenchyma, as regards frequency of tubercular deposit. This is what we might expect. These glands placed near the lungs receive numerous blood vessels and lymphatics which convey to them fluids already modified, the foreign elements of which are retained by these glands the more readily, because of the density of their structure and the languor of the circulation caused in them by the slenderness and tortuousness of the vessels that enter into their structure. Every one knows that nothing is more common than to encounter in these glands foreign corpuscles, which are deposited in them by a similar mechanism, in individuals that inhale an atmosphere loaded with dust, charcoal, &c.

The same reasoning applies to the mesenteric glands. The frequency of tubercle in these glands is easily explained both by their structure and by the numerous capillary, blood and lymphatic vessels which they receive. The same may be said of the cervical glands, of the liver, the kidneys, the testicles, the ovaries, &c. It must, however, be observed that some of those glandular bodies are not always the seat of tubercle, with a frequency proportional to the quantity of blood which they receive, even when the blood is disposed to divest itself of its foreign constituents while passing through their tissue. The kidneys are an example of this; but the structure of these organs is such that they readily rid themselves of these materials by their excretory canals, and thence they are the seat of tubercle more rarely than at first sight we would expect; but an examination of their structure at once explains this fact.

We might enter into other details in support of our views, and might show that we can always anatomically explain the cause of the deposition of tubercles in one organ or tissue rather than in another—the reasons being the quantity of blood traversing it, the manner in which its circulation is carried on, the structure of the organ; or, in the absence of peculiarity of structure, a stasis produced by some pathological cause.

But it must not be forgotten that nothing of the kind can occur without acquired or hereditary predisposition.

When an individual affected with the tubercular diathesis is exposed to some occasional cause, for example an inflammation, what occurs? In every inflammation there is afflux of blood to the affected part; there is sanguineous congestion. We shall then find tubercular matter specially and by preference in the hyperemied tissues, and this will often occur even when the anatomical structure of the part does not seem to favour such deposit, the *stasis* of the blood being the cause that produces the effect. *A fortiori*, this will occur when the structure of the inflamed organ coincides with the hyperemia in favouring the separation of the heterogeneous matter. Thus, in the child affected with meningitis, tubercular matter sometimes is found on the pia mater, or on the peritoneum after peritonitis. The crypts of the mucous membranes become filled with tubercular deposit and disorganised, if these parts become inflamed, as may even the spongy tissue of the bones in scrofulous persons, provided inflammation co-exists also.

The same thing will happen if, in place of an inflammation, there is a simple passive hyperemia: *e.g.* the spleen in intermittent fevers. This organ is the seat of sanguineous congestion during these diseases; and of the persons who have been thus circumstanced, for a long period, some present tubercles in the tissue of the organ, while they are not present in others.—But if the congestion was the sole cause of the deposit, it should be found in every case; but it only occurs so in those affected with the scrofulous diathesis.

When a tubercular deposit once takes place in any tissue, it acts there as a foreign body, causes a fresh afflux of fluids, whence results a new deposit; and if the organ thus affected be a very important one, all the functions are soon disturbed: the general disturbance becomes an additional occasional cause, which further calls into action the organic predisposition; the blood becomes more and more vitiated, nutrition is deranged, marasmus comes on, and death results from a real consumption.

Prophylaxis of Tubercular Phthisis.

If this disease originate in the entire system, if it is but the local manifestation of an universal disposition, its developement evidently can only be prevented by the employment of means suited to modify the whole constitution. It was to attain this result that I long since undertook numerous experiments of which I presented an abstract to the Academy of Sciences in 1838.

It must first be admitted that tubercular matter supposes the existence of a special disposition of the entire system; this organic disposition is *hereditary* or *acquired*.

Tubercular matter is a product of the entire organisation. It exists in the circulating fluids, especially in the blood.

This general disposition of the system may be changed, especially when it is but commencing. And it may also be generated at pleasure. The following are some of the experiments which I instituted respecting these points:—

1. During four years I subjected numerous dogs, rabbits, guinea-pigs, &c., to hygienic conditions, calculated to excite in them the tubercular diathesis. Thus some of these unhappy animals inhabited a dark cellar, during several months, being enclosed in cages surrounded with damp cloths, so as to prevent exercise, the access of light, and constantly to expose them to a damp and cold atmosphere. Some of these animals were fed conformably to their nature and habits, others were fed exclusively on from 75 to 250 grammes of bread, containing per 500 grammes 4 grammes of subcarbonate of iron. Without going into all the details of these protracted experiments, suffice it to say all the animals fed in the ordinary way, became indisposed, and most of them were affected with tubercles; while those fed with the chalybeate bread, though by no means in good health, as may be understood from the situation they were placed in, yet all escaped tubercular deposit, or even any glandular enlargement.

2. I exposed female rabbits and dogs recently impregnated to the same deleterious influences. They were in great part fed with bread containing an exaggerated quantity of iron, for the purpose of ascertaining whether that substance would prejudice the fœtus. The young all came to their full term, and were born strong and vigorous. The mothers were kept in the same conditions and fed with the chalybeate bread during the period that they gave suck.

I am so satisfied not merely of the harmlessness but of the advantages of chalybeate diet, that I do not hesitate to recommend its use to pregnant women, whose state of health seems to require it.

In the course of my experiments, I tried an infinity of other substances as baryta, lime, iodine, bromine, tannin, alum, &c., but without any success.

I also obtained other results which are not unimportant. I observed as I had already suspected that iron remarkably accelerated the cicatrization and reparation of solutions of continuity of various kinds. In fact it augments the plasticity of the blood, and thus favours the formation of granulations in wounds, ulcers, &c., especially in persons of feeble constitution. I have no doubt that fractures are consolidated more rapidly under the influence of iron.

Inflammation does not contra-indicate the use of iron, for so far from augmenting inflammation, it tends to make it cease. If the contrary has been hitherto taught and believed, it has been so in consequence of prejudice, and not from a rigorous observation of facts.

It results from my researches that it is not a senseless expectation, that we may be enabled to correct the hereditary or acquired diathesis where tubercular and scrofulous affections arise. To withdraw individuals from the influence or morbific agent is doubtless the first indication; but this is by no means always practicable, and therefore in most cases we shall be reduced to an attempt to counterbalance the influence of existing circumstances. Our means for so doing must chiefly consist in introducing into the system the reparatory material that may be wanting, and some modifying substance which may produce an impression on the entire economy, and enable the process of assimilation to be regularly carried on; and these objects will be best attained by combining iron with alimentary substances. I do not pretend to say that iron is the only agent capable of producing such effects, but it is the only one that I am as yet aware of.

The preparations of iron employed should be so cheap as to be within the reach of every one, as the indigent are those that need it most. The subcarbonate is in this predicament, and no objection lies against it, because of its insolubility, as beyond all question it is absorbed, *especially when swallowed simultaneously with the food.—Gazette des Hopitaux.*

DUBLIN HOSPITAL REPORTS.

MEATH HOSPITAL.

STRANGULATED INGUINAL HERNIA—STRICTURE IN THE BODY OF THE SAC—OPERATION—CURE.

Reported by Mr. George H. Porter.

Richard Murray, æt. 50, a hair-dresser, has been affected with a reducible inguinal hernia, on the right side, for the last nine months, occasioned by his over-exerting himself in running. He states that on Monday morning (8th March) he felt considerable uneasiness in the tumor, which was tense and swollen, and which baffled every effort at reduction. In the course of the next day he was seen by Dr. Graves, who ordered him immediately into the hospital, but his friends neglected sending him till the following morning, when he was admitted, under the care of Mr. Smyly, who found him in a very unfavourable state, and seeing that there was no time to be lost, proposed to operate without further delay. While waiting, however, for the necessary preparations to be made, the long tube was introduced in order to discharge the flatus, which had accumulated to some extent, and was probably caused by his having eaten a quantity of cabbage the day before the strangulation took place. Some attempt was made to reduce the protruded intestine by the taxis, but immediately desisted from, as the peculiar unyielding sensation which the tumor gave, when pressed upon, indicated that no good would be gained by persevering. Previous to the operation, it was remarked that the patient was exceedingly low and faint, his countenance pale and sunken, surface cool; pulse small and frequent; that there was occasional vomiting and some hiccup. The tumor was of a considerable size, extending to the bottom of the scrotum; it was tender to the touch, but the skin was not discoloured. There was no reason to suppose that the peritoneum was inflamed.

At 11 o'clock, A.M., 10th March, Mr. Smyly, assisted by Professor Porter, proceeded to operate in the usual way. On slitting up the sac, an impediment to further progress was met with, at about its superior third, arising from a strong fibrous band, which was found to have occasioned the constriction; for, on carefully dividing it, and continuing the opening of the sac a little higher, a deep sulcus was seen, where the band had been separating the contents of the sac into two unequal portions, about one-third being superior and two-thirds below it. The intestine above the stricture was very red, but healthy; that inferiorly was thickened, fleshy, highly vascular, and coated with something resembling lymph, on its surface; there was a good deal of fatty and thickened omentum in the sac, which, as well as the indurated intestine, were, with some manœuvering, reduced.

The wound was secured with four points of suture, a compress and bandage applied, and a draught containing twenty drops of the acetate of opium administered. Four hours after the operation, re-action being established, ten ounces of blood were taken from his arm.

℞ Cal. gr. ij.
Opii. gr. ss. 2ndis horis.

11th March.—Blood taken yesterday is highly cupped and buffed. He seems to be going on well; countenance calm; pulse 80; no pain in abdomen; bowels have not been freed; uses nothing except whey.—Injiciatur enema purgans statim: repr. pilulæ

It is unnecessary to detail the progress of this case to ultimate recovery. It may be right, however, to mention that his mouth was tender on the 12th, when the mercury was omitted, and that a small abscess formed in the scrotum, which, in Mr. Smyly's absence caused by illness, Mr. Collis punctured on the 11th of April.

This patient was discharged perfectly recovered, with strict injunctions to wear a truss. He was visited on the 8th of October, and found occupied at his trade; he has had no unpleasant symptom since; the hernia occasionally comes down, notwithstanding that he wears the truss, which, however, he applies very awkwardly.

OBSERVATIONS.

In remarking on this case, Mr. Smyly called the attention of the class to the beneficial effects of the early bleeding. The highly cupped and buffed state of the blood manifested the presence of inflammation to a considerable extent, and the probability that the delay of a few hours would have allowed it to gain such intensity as to baffle all means of subduing it.—Mr. Smyly alluded to another case, in which, under most unpromising circumstances, he resorted to early bleeding with most decided success. It was that of a young man in whom the strangulation had existed nearly three days, and in whom peritonitis had evidently taken place. The patient was suffering excessive pain, and was quite delirious; the abdomen was tender to the touch, greatly swollen, hard, and tense; and on the reduction of the intestine two or three quarts of serum issued from the cavity of the abdomen, through the wound; but by active treatment (venæsection and mercury) the inflammation was subdued, and this patient is now an active footman.

With regard to the situation of the stricture, Mr. Smyly remarked how very rarely similar cases occur. He referred, however, to Scarpa's work on Hernia,

where it is stated that the author had met with three cases of this kind, two of which were congenital and one common hernia. Mr. Smyly thought the constricting band was of the nature of those inspissated rings described by J. Cloquet, which descend with the sac, and form thickened fibrous whitish prominences, either constituting complete rings or confined to a part of the sac; it was obvious that this was not a case for division of the stricture external to the sac, and without opening into it, as the serous sac itself entered into the formation of the constricting band.

CASE OF URINARY WORMS.

By H. Thompson, M.D.

James Johnston, æt. 30, whose general appearance at present indicates the good health which, with the following exception, he enjoys, though his neck, seamed with cicatrices, shows that such has not always been the case, has been for the last five years in the habit of passing worms with his urine. When voided, they are alive, from one to one and a half inches long, the largest about the thickness of a large pin, and pointed at each extremity; they are of a white, semi-transparent colour, through which a dark substance, occupying the alimentary canal, is visible; the urine is natural in appearance and quantity, and he does not suffer from any symptom of vesical irritation; he is at times entirely free from these worms, and particularly so for some time after taking a purgative of jalap. It is now nearly six months since any appeared, an unusually long interval, which seems to have been occasioned by the use, for about a month of the time, of oil of turpentine, in doses of thirty drops thrice daily.

Trillick, Oct. 11, 1841.

ON THE TREATMENT OF CHOLERA.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen—Having seen a communication in your last number from Doctor Gordon Jackson, relative to certain cases of cholera, which came under his care lately, I beg to offer a few observations connected with the same subject.

Within the last six weeks I had under my care two cases of real blue cholera, and three others of that kind, which is common to this country—the former marked by all the distinguishing symptoms, viz. blueness, coldness, cramps, suppression of urine, &c.; the others similarly affected, but in a minor degree, and wanting the blueness and having feculent discharges from the bowels; all these have terminated favourably. I have seen a great many cases of cholera, and I have always observed since 1832 a very marked similitude between the disease called indigenous cholera and that known as Asiatic; in fact I think the one may be very fairly looked upon as an aggravated form of the other.

Now whether it is that the description of cholera which has been always known in this country prior to the above mentioned period, has subsequently assumed a more formidable character, or, that the disease as it occurred then, and in 1834, has since been lurking amongst us in a milder form, I know not; but this is certain, that the complaint is now more manageable than it was then.

When we see patients labouring under this malady, they are always in the collapsed state or next door to it; people do not become alarmed at the first symptoms, the premonitory sickness and diarrhœa, go on until cramps set in, and then will be found, almost invariably, coldness of the tongue and breath, anxious countenance, with a congested appearance about the temples and forehead, fingers shrivelled, &c., and all this is more or less rapidly succeeded by the blueness, whispering voice, and suppression of urine. In this state I have seen many hundreds of persons during the time I was attached to the Cholera Hospital of Drogheda, in which town the disease raged with such fearful malignity, but very few in the primary stage came within my observation.

With regard to treatment, I believe there is as yet a very great difference of opinion existing amongst medical men, as to the line of practice most proper to be pursued in this disorder, and this is shown, I think, by the promiscuous way in which remedies have been at all times prescribed, and by the varying and unsatisfactory results consequent upon such treatment. I have known recoveries take place under the most opposite influences as regarded remedial agents, and again I have witnessed the means fail in exactly similar cases.

I would say from this, in those cases where recovery has taken place after the stage of collapse has set in, that it was owing more to something in the constitution overcoming the disease, than to the medicine used; I do believe that in 1832, few cases recovered from the true, blue cholera; in 1834 the disease was more amenable to our art, and since then, those cases which occasionally occur, are still within the reach of assistance.

To say anything about the particular remedies which have been used from time to time would be exceeding the limits of my intention. I will merely state a mode of treating cholera, which is the only one I shall ever place any confidence in, and which, if resorted to by others, will, I am sure, become generally adopted. My plan is this—I give from half a drachm to one drachm and a half of calomel, in *one* dose, according as the patient is advanced in the disease: the more collapsed the larger the dose; but I never give *less* than ℥ss. *where there is blueness.* I give but this one dose as soon as ever I see the patient; I then cover the whole abdomen with a piece of doubled flannel, and over this I pour, with a spoon, spirits of turpentine made as hot as my finger can bear; I then give the patient as much cold water as he can make use of. He must now be let alone, and kept exceedingly quiet, and relief will speedily follow. Mercury at all times entered into the prescriptions for cholera, and is undoubtedly the only medicine to be relied upon; but all depends on the way in which it is used. When given in small doses, or even in *ordinarily large* ones, with or without opium, it cannot, as far as I have seen, be trusted to: the patient is generally lost before any effect is produced—but *if it does begin to affect* the person, then a speedy cure may be looked to as certain. The dose of calomel which I give stops the vomiting *immediately.* In August, 1832, I tried this treatment in three bad cases, and they all recovered. Unfortunately I did not know it sooner, as the disease had at that time nearly run its course in Drogheda. Again, in 1834, I treated eleven patients on the same plan in Navan, and they also recovered speedily, with the exception of one, a little boy, about five years old. Since then I have invariably found the same happy results attend this plan, that is, where *other medicines have not been given beforehand*: this makes a great difference, especially if any stimulant has been given. In English cholera I give 10 or 15 grains of calomel, and use the turpentine and cold water as in the other. When recovery ensues, and consecutive reaction runs high, the usual antiphlogistic treatment will be most proper.

From having had such repeated good success in my cases, I do most strongly and faithfully recommend the mode of treatment I have already set forward to be adopted by others in the event of cholera again making its appearance amongst us, and I am sure that

future experience will fully bear me out in all that I have said concerning it.

Dr. Jackson's remarks as to the influence of rain and unwholesome food are perfectly correct. I always remarked that, immediately after a shower of rain, we invariably had an increase of cases: the like was observable after the days on which buttermilk was sold in the market of Drogheda.

I remain your very obedient servant,
EDWARD P. MACLOGHLIN,
Surgeon to Collon Dispensary, &c.

Collon, Oct. 8th, 1841.

HINTS TO THE PROFESSION.

No. IV.

ADDRESS TO THE MEMBERS OF THE MEDICAL PROFESSION OF GREAT BRITAIN AND IRELAND.

GENTLEMEN—The necessity for a reform in the medical institutions of the united kingdom, has had its able and consistent advocates for at least a quarter of a century. It is only however within the last seven years that the defects in the system have been *extensively felt*, and almost universally acknowledged. It has been but very recently known, that no less than NINETEEN bodies or companies, chartered and licensed to confer degrees in the different departments of medicine and surgery, have at various times and under various pretexts, been called into existence. The promotion of science, and the protection of the public against the mal-practices of ignorant and incompetent persons have, for the most part, been the reasons assigned for their creation. But, unfortunately for the profession, and for the community at large, these different corporations, regardless of their paramount duties, have, with very few exceptions perverted and prostituted the powers entrusted to them for the public good, to their own private purposes. In order to put an end to these anomalies, and to place the medical profession in that exalted position which its vast national, as well as individual importance to health and happiness, entitles it to hold; associations embracing all ranks and grades of medical men, have been formed in various parts of the united kingdom, and, in futherance of this object, these associations deemed it expedient to appoint delegates or representatives to hold a conference in the metropolis. After the most mature and dispassionate consideration, these delegates could bestow upon the subject, they almost unanimously arrived at the conclusion that *the existing chartered companies were equally unfit, unwilling, unworthy and unable, to direct, control, advance and protect the honour and interests of the profession*, and that it is essential to those interests, as well as to the welfare of the community, that a NATIONAL FACULTY, embracing a system of representation, uniformity of education, and public concours or examinations, should be instituted in their stead. In conformity with this opinion, a bill having these objects mainly in view, was prepared and brought before the House of Commons; but when the time for taking its provisions into consideration arrived, the bill was burked—*i.e.*, "the house was counted out;" only thirty-three members being present: and, to the everlasting disgrace of the *late* administration be it recorded, that not ONE minister of the crown was at his post. Had the subject for discussion been the propriety of conferring or not conferring a place or pension upon some contemptible tool of the government; or the defence of some *new poor-law atrocity*; the probability is that, on that very night, the treasury benches would have been crowded and the house crammed to suffocation. Thus have the labours of our delegates been treated, not merely with indifference, but with premeditated, deliberate and undisguised contempt. To serve our cause, and to advance the interests of science and humanity, they quitted their homes at great personal inconvenience, and at considerable expense; but mortifying as has been the result, I rejoice that the experiment has been made. Every sincere well-wisher to the cause of medical reform, must now be satisfied that there is not the slightest probability of any redress of our grievances, until we can acquire some power and influence in that house from whence our measures have been so contemptuously ejected: and it is to induce you to take steps for the advancement of this grand and all-important object that I now address you. We may rest assured that, until we have our own representatives in the Commons House of parliament, no substantial reform will be affected. Shall we not do well to follow the example set us by the other professions? The interests of the church, of the law, of the army, and of the navy, are fully represented: even the mercantile and trading interests have their advocates and supporters; and what but our own supineness prevents us from having ours? I repeat, gentlemen, that if you desire to maintain that rank and station in society to which you are entitled, physicians, surgeons, and general practitioners, throughout the kingdom, must *unite* for the purpose of returning a certain number of members to the House of Commons, *pledged* to *attend* to and support their interests. Had we been thus supported, the late administration would not have *dared* to disregard our petitions for the redress of our manifold grievances, and our endeavours to procure a wise and efficient measure of medical reform; neither would the despots of Somerset-house have been permitted and encouraged to libel, plunder, and insult us.

In the course of their inquiries, and in the performance of their duties, your delegates had frequent occasion to deplore the indifference, as well as the want of good faith, and of union among medical men, and to observe that every advantage has been taken of this apathy and this want of unanimity. Let it be borne in mind *that where there is no union, there can be no strength.* For want of union we have had to encounter disaster and defeat; for want of union and good faith one towards another, we have entailed deep disgrace, and almost irremediable mischief upon ourselves and our cause. If we would ultimately prevail—if we would triumph over monopoly—if we would triumph over official impertinence—if we would obtain a triumph for science and humanity—we must be united. But, gentlemen, victory is not to be achieved without some sacrifices, we must sacrifice a portion of our time, we must sacrifice our convenience, we must also be prepared to make some pecuniary sacrifices. All party distinctions—all petty jealousies—all personal animosities must be banished from amongst us—then with united purse—united heads—united hands and united hearts, we may bid defiance to the machinations of our enemies.

In conclusion, I am very desirous to address a few words to the junior members of the profession—to those who, as it is termed, "are about to settle themselves in the world." Let these young men beware, lest they suffer themselves to become the witless instruments of the designing, the malignant and the selfish—let them especially take care that they be not persuaded to act towards others, as they would not that others should act towards them. In too many instances have they been converted into tools by the new poor-law despotism, in order to compel the established and *experienced* practitioner to enter into injurious or ruinous engagements; they have been the medium through which it has been sought to humble the profession in the dust. Before they lend themselves to purposes so vile, let them ask them-

selves these few simple questions? Would they, after having by years of industry and honourable competition, succeeded in establishing themselves in a comfortable practice—surrounded by their families, with a fair prospect of retiring after a few more years of toil and care, from the arduous duties of their profession upon a competency; would they like to have their prospects blighted by having young men *thrust* into their parishes, and endeavouring to insinuate themselves into their private practice by charging half their prices? What is now the case with the senior practitioner will one day be theirs. Before they stoop to means so abject, purposes so *base*, let them pause; of this I feel assured that they will but cover themselves with infamy, and heap coals of fire upon their own heads.

I have the honour to subscribe myself,
Gentlemen,
Your obedient humble servant,
J. BEDINGFIELD, M.D.

Stowmarket, October 8, 1841.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, OCTOBER 14.—Council met.

Letters read from Dr. Kingsley, of Roscrea, respecting the Medical Benevolent Fund; also, from Dr. Tabuteau, of Portarlington (for the latter see last number of the PRESS, p. 237).

Communication received from Dr. Thornhill, of Skerries, complaining of the refusal of the Treasurer of the County of Dublin to pay him the amount of two coroners' orders, on the ground that another medical witness had been already paid on the same inquests.

Resolved—That, several medical men being similarly circumstanced with Dr. Thornhill, counsel be employed to argue the point on behalf of the Association.

The following report was read, and its consideration postponed to this day fortnight, in order to admit of the opinions of the members of the Association being ascertained upon the subjects referred to:—

"The Council of the Association having now conducted its affairs, amid many difficulties, during more than two years, can, with confidence, congratulate their brother members upon the successful issue of the attempt to unite the medical profession of Ireland, for the protection of their own respectability and the necessarily consequent promotion of the best interests of the public. That attempt was undertaken by its originators as an experiment, and one to the result of which they were not warranted in looking forward with any very sanguine expectations; it is therefore with the more pleasure that the council contemplate the position which has been attained, and with the more cheerfulness they come forward to point out certain measures which appear to them to be well fitted for securing that position, and rendering most available the strength that has been called into active operation.

"The first of these measures is proposed with the view of giving to the Association the full advantage of that great essential of unity and strength, a representative head and executive, in the election of which every member shall have a free and unimpeded participation. Hitherto, the president, officers, and council have been chosen at the annual meetings, by the acclamation of the members present, and the number of councillors has not been strictly defined. The council propose that in future the election to all the offices of the Association shall be conducted by open ballot, in the following manner; viz.:—that notice of the day of the anniversary meeting in each year shall be given in the MEDICAL PRESS, once in each of the three weeks preceding such anniversary meeting, and that a list of the existing officers and council shall at the same time be published; that on the day of the anniversary meeting a ballotting box shall be placed before the president, and shall remain there until the reports of the council and treasurer shall have been read and considered; that every member present shall be at liberty to place therein a paper signed with his own name, and containing the names of three members whom he may wish to fill the offices, respectively, of president, secretary, and treasurer, and of 21 members whom he may wish to act as councillors during the ensuing year; that every absent member of the Association shall be at liberty to forward to the secretary, at any time previous to the day of meeting, or to entrust to any other member being present, a similar paper, signed with the name and address of the voter, and the secretary or other member to whom it may be entrusted shall place such paper in the ballotting-box, having previously endorsed it with his own name; and that when the reports of the council and treasurer shall have been read and considered, the president shall nominate three members, not being officers or councillors, to act as scrutineers, who shall forthwith proceed to examine the ballots, and shall, at the termination of the other business of the meeting, announce the names of those who have been chosen, by the greatest number of votes, to the several offices of president, secretary, treasurer, and councillors, such persons to continue in office during the ensuing year; but that in case of the death or resignation of any officer or councillor during his year of office, the remaining officers and councillors shall nominate a member of the Association to the vacant office.

"The second measure which the council desire to propose is designed to facilitate discussion and deliberation upon all matters concerning the profession, at the anniversary meetings of the Association. With this object in view, the council will receive such propositions as any member may desire to bring before the anniversary meeting, provided they shall be placed in the hands of the secretary on or before the first day of May. All propositions so laid before the council shall be published, as notices of motion, in the MEDICAL PRESS, twice, between the first of May and the day of the anniversary meeting; in the order of their dates, or of the time at which they shall have been received by the secretary, and they shall be considered and disposed of at the anniversary meeting, in the same order.

"Thirdly, the council recommend that district meetings of the members of the Association shall be held during January or February in each year; that is, a short time before the usual period for the assembling of parliament: the object of these meetings to be the consideration of the position and wants of the profession, and the drawing up of petitions, or taking such other steps as may be necessary for instructing, or strengthening the hands of the council.

"Fourthly—The council are of opinion that it is highly expedient that the anniversary meetings shall be made available for the more direct advancement of medical science; with which view they would wish to propose that papers on medical topography and statistics; and reports of hospitals and dispensaries should be received and read on those occasions. In connection with this recommendation, the council beg to call the particular attention of the members of the Association to the report on this subject presented to the council by Messrs. Cane, D. Griffin, Kingsley, and J. Jacob, and published in the MEDICAL PRESS, No. CXLI."

POOR-LAW INTELLIGENCE.

CORK UNION.

At the meeting of guardians, held on the 11th inst., the vaccination act was brought under consideration by Mr. Assistant-Commissioner Voules, who said it could not be obsolete law. A committee was appointed to inquire into it.

SOUTH DUBLIN UNION.

At the meeting of guardians, held on the 14th inst., The Chairman read the medical officers' report, from which it appeared the health of the inmates generally was good; that some of uhe children were suffering from ophthalmia; but it was expected that as soon as they should get shoes and stockings they would cease to be affected.

Captain Nowlan said he felt it his duty to remark that he had visited the children's ward a few nights ago, between nine and ten o'clock, when he found four, and in some cases five children sleeping in one bed. This, in his opinion, was very injurious to the health of the children, and ought to be remedied without loss of time.

Mr. Kirkwood handed in the following report on the subject of the salaries of the medical officers, by Sir H. Marsh, Bart., M.D., and Dr. Cusack:—

"REPORT.

"At the request of the committee formed from the board of guardians of the South Dublin Union, we have inspected the hospital and other medical and surgical departments of that institution, and we are of opinion that £60 per annum to each of the medical officers placed over those departments does not by any means adequately remunerate a perfectly qualified physician or surgeon for the labour, time, and care essential to the due discharge of the responsible duties devolving upon them, whether these duties be viewed separately or compared with those of other charitable institutions.

"H. Marsh, M.D.,
"Physician in Ordinary to the Queen in Ireland, &c.
"J. W. Cusack, M.D.,
"Surgeon to Steevens and Swift's Hospitals.

"Oct. 10, 1841."

It was ordered by the board that this report should lie on the table, to be considered next week.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 20, 1841.

PROPOSED IMPROVEMENTS IN THE ORGANISATION OF THE MEDICAL ASSOCIATION OF IRELAND.

Our readers will perceive that the council of this Association have adopted the procedure (so very unusual among representative bodies) of proposing a reform in their constitution, without being driven thereto by the clamours of their constituents. A few words upon the character of this reform, or, rather we should say, developement of a young and growing constitution, for the proposed changes are in strict accordance with the fundamental laws agreed to at the Congress in 1840, may not come amiss. A very few words, however, will suffice, and we shall preface them by reprinting the following articles from the abstract of the "Constitution and Objects of the Medical Association of Ireland," published by the council:—

"II. The Association consists of all respectable persons, possessing a degree or diploma in medicine or surgery, who may choose to enrol themselves, paying an annual subscription of ten shillings.

"III. The objects of the Association are—1. To protect medical practitioners in all their just and legal rights. 2. To seek for a legislative enactment giving a permanent constitution to the profession, and directing a competent and uniform standard of education, and an equality of privileges for all persons who shall in future be permitted to practise medicine throughout the empire.

"IV. For carrying out the first object—the protection of practitioners—the funds of the Association shall be employed, upon all suitable occasions, in obtaining legal advice and assistance, for ascertaining and supporting the rights of individuals, when unjustly attacked or oppressed.

"V. For the same purpose, the influence of the Association with government and the legislature, shall be, in like manner, made available, and employed by the council."

We shall now slightly examine the probable operation of the proposed changes, in aiding the attainment of the two great ends here set forth. First, as to the protection of medical practitioners in their just and legal rights; it is manifest that a voluntary association, can in no way do this, but by an exhibition of that moral force, which must be created by the union of intelligent and well-disposed men, for the support of a common and legitimate object. No such exhibition can be made, except through the intervention of a constituted and trusted executive. Even were it possible that all the members of the Association could think alike and with equal rectitude upon every matter concerning them, still the very difference in the modes of expressing their sentiments, which is inseparable from the human condition, must inevitably counterbalance the force of their moral unity. In a word, a government is necessary to concentrate the sentiments of every community, and in the existence of a government is to be found the practical difference between men in their civilized and their savage state. Now an efficient and trusted executive can only be formed in a voluntarily associated community, by giving to every member a free and unimpeded share in its formation; and it is in the hope that this may be effected, that the council of the Association recommend a plan for their own election, which appears to them to bring to every member's door a plenary power of choosing those who are to represent his professional views and interests. In the working of any plan of this nature, difficulties will arise, but we cannot doubt that the importance of the end will not be forgotten, and that where defects may be discovered, they will be frankly and candidly pointed out, and as promptly remedied.

No less essential, than a free representation, to the well working, nay to the very existence of a voluntary association, is a well-regulated facility for discussion and deliberation upon all matters concerning the interests of the members. This appears to us to be well provided for by the second measure proposed by the council. The short time necessarily allotted to the anniversary meetings, has hitherto given them the character rather of demonstrations of opinion, than of deliberative assemblies; but the proposed plan of giving notices of motions through the council, and publishing them some time previous to the meeting, will, it is to be hoped, correct this defect, and secure a fair consideration of all matters affecting the interests of the profession.

The third suggestion of the council, for the holding of district or departmental meetings, is well calculated still further to develope the popular principle in the working of the Association, and does not need any lengthened comment.

We should hope that all these changes will be readily recognised as steps towards the perfecting of the Association, for the working out of its first object;

that of combining its members, for their own protection. We have heard this object of combination brought up against us as matter of reproach; but let no one be weak enough to take alarm at so miserable a sophism. The authors of it will not be found to shrink from participation in what is commonly the basest and most grovelling of combinations—political combination for the factious purposes of a party. The appropriate answer to any such reproach is a laugh of scorn. Society cannot exist, save by combination, and those who, having common interests, do not combine to protect them, are violating the first law of their nature.

As to the effect of the improved organization upon the second object of the Association—that which is commonly known by the name of Medical Reform—it is plain that any measures calculated to strengthen the profession, will directly tend towards the attainment of every end at which it aims. It is equally certain, that a full knowledge of the sentiments of the profession at large, upon the mode and extent of Medical Reform is much to be desired, and for the acquirement of such knowledge, the proposed new machinery will be fully available.

The fourth suggestion of the council, for the introduction of purely professional matter at their general meetings, will, we hope, meet with the approbation of the members at large. Should it be adopted, we do not doubt that ,before very long, the Transactions of the Medical Association of Ireland will take their place among the most valuable of the periodical records of British medicine.

PROMOTIONS.

MILITARY.—1st Dragoon Guards—Assistant-Surgeon W. O. Mackenzie, M.D., from the Staff, to be Assistant-Surgeon, vice Smith, promoted.

7th Light Dragoons—Assistant-Surgeon A. Leslie, from the Staff, to be Assistant-Surgeon, vice Gibson, promoted.

16th Light Dragoons—Assistant-Surgeon H. Pilleau, from the 63d Foot, to be Assistant-Surgeon, vice Chapman, promoted.

15th Foot—Assistant-Surgeon T. H. O'Flaherty, from the Staff, to be Assistant-Surgeon, vice Wallace, promoted.

20th Foot—Assistant-Surgeon A. T. English, from the Staff, to be Assistant-Surgeon.

30th Foot—Assistant-Surgeon A. P. Lockwood, from the Staff, to be Assistant-Surgeon, vice Edmondson, promoted.

47th Foot—Assistant-Surgeon C. Hart, M.D., from the Staff, to be Assistant-Surgeon, vice Battersby, promoted.

60th Foot—Assistant-Surgeon T. Cowan, M.D., from the Staff, to be Assistant-Surgeon, vice Ferguson, promoted.

63d Foot—Assistant-Surgeon J. S. Chapman, from the 16th Light Dragoons, to be Surgeon, vice Watson, appointed to the Staff; J. E. Stephen, M.D., to be Assistant-Surgeon, vice Pilleau.

85th Foot—Assistant-Surgeon T. Darcey, from the Staff, to be Assistant-Surgeon, vice Humfrey promoted.

86th Foot—Assistant-Surgeon C. Stewart, from the Staff, to be Assistant-Surgeon, vice Strath, promoted; J. Coglan, gent., to be Assistant-Surgeon.

98th Foot—E. D. Batt, gent., to be Assistant-Surgeon.

99th Foot—Assistant-Surgeon T. Galbraith, M.D., from the Staff, to be Assistant-Surgeon.

Hospital Staff—Cosmo Gordon Logie, M.D., to be Assistant-Surgeon to the Forces, vice Frazer, appointed to the Rifle Brigade; J. Tonnere, gent., to be Assistant-Surgeon to the Forces, vice Loinsworth, who resigns.

NAVAL.—To be Deputy Inspector of Hospitals—W. C. Watt, M.D.

Surgeons—Wm. Kent, to the Argyle; R. Birtwhistle, to the Volage; Charles K. Nutt, to the Harlequin; James Lambert, to the Serpent: Wm. Roy, to the Siren; David G. Miller, to the Styx; Richard Douglas, to the Thalia; A. Donohoe, to the Dido; John Drummond, to the St. Vincent.

Assistant-Surgeons—T. H. Graham, to the Aigle; John Simpson to the Dido; —— Bower, to the Lynx; R. A. Godson, to the Serpent; T. A. Keown, of the Pantaloon, to the rank of Surgeon.

CIVIL.—Dr. George Greene has been elected Queen's Professor of the Practice of Physic, in the School of Physic, Ireland, in the room of Dr. Lendrick, deceased.

Dr. Law has been elected Professor of the Institutes of Medicine in the same School, in the room of Dr. Graves, resigned.

OBITUARY.

Suddenly, of disease of the heart, Dr. Robert Cowan, Professor of Medical Jurisprudence in the University of Glasgow.

At Bailieborough, Dr. James.

Just Published, Second Edition, enlarged and improved,
A TABULAR VIEW of the SIGNS furnished by AUSCULTATION and PERCUSSION, and of their application to the Diagnosis of Diseases of the Heart and Great Vessels.

By O'B. BELLINGHAM, M.D.,
One of the Medical Officers of St. Vincent's Hospital, Lecturer in the Richmond Hospital School of Medicine, &c., &c.

Fannin and Co., Dublin. Longman and Co., London.

In the Press, to be Published November 1st,
ELEMENTS of MATERIA MEDICA, and PHARMACY. By O'B. BELLINGHAM, M.D., Lecturer on Materia Medica, at the Richmond Hospital School of Medicine, one of the Medical Officers of St. Vincent's Hospital, and lately Chairman of the Pharmacy Court of Examiners of the Royal College of Surgeons in Ireland.

Edited by ARTHUR MITCHELL, M.D., Lecturer on Botany, at the Richmond Hospital School of Medicine.

FANNIN and Co., Dublin.

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A liberal remuneration will be given. Further information will be obtained, on application by letter to A. B. (Lunatic,) at the Office of this Paper.

SHANAGOLDEN DISPENSARY.

The Election of a Physician for the Shanagolden Dispensary is postponed to Tuesday the 26th of October, inst. Any Candidates that have not already come forward, are expected to attend *personally* on the day of the Election. Signed,

GEORGE VINCENT, Clerk, Treasurer.

GLASGOW ROYAL INFIRMARY.

CLINICAL LECTURES—SESSION 1841-42.

The Clinical Leetures at this Hospital will commence early in November, and will be continued till the end of April.

Clinical Medicine by Dr. William Weir, and Dr. Charles Ritchie, the attending Physicians.

Clinical Surgery by Dr. Andrew Buchanan, and Mr. William Lyon, the attending Surgeons.

Fee £7 7s. which entitles to two years attendance on the practice of the Hospital, and both Courses of Clinical Lectures.

The Glasgow Royal Infirmary and Fever Hospital contain 420 beds, and the wards are generally full. Four Physicians and three Surgeons are in daily attendance. Upwards of Four Thousand in-door Patients are treated annually. The Surgical operations average 130 yearly. Twelve Pupils are appointed every quarter to act as Dressers without any additional Fee, and the post-mortem examinations are regularly performed in presence of all the Students. A Dispensary is attached to the Infirmary, where advice is given to upwards of 8000 Patients annually; and to attendance on which the pupils are admitted *gratis*.

By order of the Directors,
E. MARTIN, Superintendent.
Glasgow Royal Infirmary, October 11, 1841.

CORK SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

COLLEGE BUILDINGS, WARREN'S PLACE.

The WINTER SESSION will Commence on MONDAY, the 25th of OCTOBER.

Anatomy, Physiology, and Pathology—Dr. Wherland.
Theory and Practice of Medicine—Dr. O'Connor.
Theory and Practice of Surgery—Dr. M'Mullen.
Midwifery and Diseases of Women and Children—Dr. Popham.
Chemistry—Dr. D. Sweeny.
Medical Jurisprudence—Dr. Gregg.
Materia Medica and Medical Botany—Mr. Rountree, M.R.C.S.L.
Practical Anatomy, with Demonstrations—Dr. Wherland, and Dr. M'Mullen.

Certificates of Attendance upon the above Lectures, are fully recognised by the University of London, for the degree of M.D.; by the Royal Colleges of Surgeons, Dublin and London; Apothecaries' Hall, Ireland; Faculty of Physicians and Surgeons, Glasgow; Army and Navy Medical Boards. &c. &c. &c.

For Particulars, apply to Dr. WHERLAND, No. 1, Warren's Place, or to any of the Lecturers.

SCHOOL OF MEDICINE, PARK-ST., DUBLIN.

The Winter Course will commence on Monday the First of November.

Anatomy and Physiology—Mr. Carlile. Mr. Houston, and Mr. Denham.
Theory and Practice of Surgery—Mr. Cusack, Mr. Houston, and Mr. Fleming.
Theory and Practice of Physic— . . . .
Chemistry—Dr. Aldridge.
Materia Medica—Dr. Banks.
Midwifery & Diseases of Women & Children—Dr. Beatty.
Medical Jurisprudence—Dr. Forde.
Medical Botany—Dr. Corbet.
Anatomical Demonstrations—Mr. Carlile, Mr. Houston, Mr. Denham, and Mr. Hill.

Dissections, under the superintendence of the Anatomical Lecturers and Demonstrators.

THE RICHMOND SURGICAL, HARDWICKE FEVER, AND WHITWORTH MEDICAL HOSPITALS,

NORTH BRUNSWICK-STREET.

THE WINTER COURSE of Attendance and Clinical Lectures will commence on Monday, November the 1st., 1841, at Eight o'Clock, A. M.

The Richmond Hospital contains 120 Beds for Surgical Cases, and has distinct Wards for Venereal Diseases, and Diseases of the Eye. It has attached to it the Talbot General Dispensary, and the Truss Establishment for the relief of the Distressed Poor of Ireland; also, a well selected Medical Library, and a MUSEUM which contains an extensive collection of Morbid Preparations, Casts, and Drawings, illustrative of various diseases.

The Hardwicke Hospital contains 144 Beds for Fever cases. The Whitworth, containing 82 Beds, is appropriated to the treatment of other Medical diseases.

Two Surgical Clinical Lectures will be delivered each week by the Surgeons of the Hospital; and Two Medical Clinical Lectures, by the Physicians, Dr. Corrigan, and Dr. Greene.

The Medical Hospitals will be visited *daily*, at 8 o'clock, and the Surgical Hospital at 9 o'clock, A. M.

TERMS OF ATTENDANCE.

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For the Summer Six Months, ... Five Guineas.

In the immediate vicinity of these Hospitals is the Richmond Hospital School of Medicine, where regular Courses of Lectures are delivered on the several subjects of Medical Science.

For further particulars apply to the Surgeons, R. M. Peile, M.D., 43, York-street; R. Carmichael, M.R.I.A., Rutland-square; Edward Hutton, M.D., 29, Gardiner's-place; J. O'Beirne, M.D., 23, North Cumberland-street; R. Adams, A.M., 11, Great Denmark-st.; J. Macdonnell, M.D., 4, Gardiner's-row; or to the Physicians, Dr. Corrigan, 4, Merrion-square, West; and Dr. Greene, 14, Harcourt-street.

CITY OF DUBLIN HOSPITAL.

THE course of practical Medical and Surgical Instruction, in this Hospital, will commence on MONDAY, the 22d of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Apjohn, Dr. Benson, Dr. Houston, Dr. Hargrave, and Mr. Williams.

Clinical Lectures on Diseases of the Eye will be given by Dr. Jacob, illustrated by the cases, both intern and extern, which the Pupils of the Hospital will be privileged to attend without additional fee.

Dr. Marsh, the consulting Physician; Dr. Colles, Mr. Wilmot, and Mr. Porter, the Consulting Surgeons; and Dr. Beatty, the Consulting Accoucheur, give their assistance in cases requiring consultation.

The Certificates of Attendance are received as qualification by all the Colleges.

ORIGINAL SCHOOL OF MEDICINE, PETER-STREET, DUBLIN,

ESTABLISHED IN THE YEAR 1810, BY JOHN KIRBY, ESQ., L.L.D.

THE NEXT WINTER SESSION WILL COMMENCE 1ST NOVEMBER 1841.

Anatomy and Physiology—Dr. HAYDEN.
Theory and Practice of Surgery—Mr. TAGERT.
Operative Surgery—Dr. HAYDEN.
Practical Anatomy, &c.—Messrs. SAWYER and FORREST, with an Assistant Demonstrator.
Midwifery and Diseases of Females and Children—Dr. IRELAND.
Materia Medica and Therapeutics—Dr. EADES.
Practice of Physic—Dr. SARGENT.

Gas-light in the Anatomical Rooms as usual.

Particulars, with reference to the School and Anglesey Lying-in-Hospital, may be learned from Dr. HAYDEN, 32, Harcourt-street; Dr. HUMPHRYS, at the Hospital; or from any of the Lecturers.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The WINTER SESSION will commence on MONDAY, the 25th of OCTOBER, at ONE o'Clock, and terminate on the 30th of April, during which period the following Courses of Lectures will be delivered:—

Anatomy and Physiology, by . .	Dr. JACOB.
Practical and Descriptive Anatomy	Dr. HARGRAVE. Dr. HART.
Surgery	Dr. WILMOT. Mr. PORTER.
Practice of Medicine. . .	Dr. BENSON. Dr. EVANSON.
Chemistry.	Dr. APJOHN.
Materia Medica. . . .	Mr. WILLIAMS.
Midwifery, and Diseases of Women and Children. . . .	Dr. MAUNSELL.
Medical Jurisprudence . .	Dr. GEOGHEGAN.

The Anatomical Demonstrations and Dissections are conducted by the Professors of Practical and Descriptive Anatomy, assisted by the Demonstrators, Mr. Dillon, Mr. Leeson, and Mr. Labatt.

The Session will commence with a course of Lectures on Comparative Anatomy, by the Professor of Anatomy and Physiology.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

Students are requested to commence their business at the beginning of the Session, and to be prepared to attend the Lectures regularly, as the Professors are determined to insist on punctual attendance.

By order. C. O'KEEFE, Registrar.

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No. CXLVII.] DUBLIN, WEDNESDAY, OCTOBER 27, 1841. { PRICE SIXPENCE. STAMPED.

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EXTRACTS FROM PERIODICALS.

CASE OF FISTULA OF THE TRACHEA, WITH COMPLETE OBSTRUCTION OF THE INFERIOR PORTION OF THE LARYNX, THE FACULTY OF SPEECH BEING PRESERVED.

BY M. REYNARD.

From time to time pathology affords some fact which illustrates the theory of a function and modifies received doctrines. Hitherto it has been thought that speech, which is articulate voice, could not occur unless the larynx gave passage to the air issuing from the lungs. In fact, according to the experiments of many physiologists, phonation cannot be executed unless there be a direct and uninterrupted communication between the lungs, the trachea, the larynx, and the mouth. If an opening be made below the larynx the voice is lost. If the opening be above the thyroid cartilage, articulation ceases. It thence follows that if, by any accident, the air ceases to pass through the larynx, the individual cannot speak. The case which I now publish presents an exception to this rule, and seems to me to prove that speech may continue though the voice be lost.

Jean-Marie Leblanc, a galley slave, in March 1821, being then aged 38, perceived three gendarmes approaching him, and supposing that they intended to arrest him, he determined to commit suicide, and seizing a strait bistoury (which he used for veterinary purposes) in his right hand, with the left hand grasped his throat and drew it forward, and thrust the bistoury, the edge turned forward, into the right side of the neck, at a point two lines above the junction of the cricoid cartilage and the trachea, and one inch distant from the larynx; he entered and transfixed the larynx from side to side, the instrument coming out at the left side of the neck, almost an inch from that organ. He cut the anterior surface of the pharynx, the posterior and lateral surfaces of the cricoid cartilage immediately below the inferior cornua of the thyroid cartilage, the crico-thyroid membrane, and all the soft parts which cover the larynx laterally and in front.

There was considerable hæmorrhage. In four hours surgical aid was procured. On attempting to give him some warm wine with the view of reviving him, the liquid issued from the wound, and the cough thus excited expelled a quantity of clotted blood.

The larynx being obviously opened, means were taken to conduct food into the stomach, and to favour the healing of the wound.

On the 20th day the patient commenced to speak, but his voice was hoarse and respiration became every day more difficult; the difficulty augmenting as the cicatrization of the wound progressed. At the sixth week, there only remained a small fistulous opening at the left side, which did not appear to penetrate to the larynx, as it did not admit the passage of any air.

The patient now fearing arrest, found means to escape to a friend's house, at a considerable distance, and after some time experienced such extreme difficulty of respiration, that he determined to re-open the wound, hoping thus to terminate his sufferings either by death or by a restoration of the passage of air, and accordingly he introduced a knife in the direction of the cicatrix of the original wound, the pharynx was thus again opened, but to a less extent than formerly, and respiration became free.

The patient was conveyed to the Hotel Dieu, at Rheims, where an attempt was made to close the wound; but as suffocation therefrom became imminent, the attempt was abandoned, and he was allowed to breathe through the wound, and the case was left

to run its natural course. On attempting to drink, the greater part of the fluid reached the stomach, but a small portion escaped through the wound. The wound of the pharynx was completely cicatrized on the 15th day.

As the wound of the larynx closed, respiration became embarrassed, and the patient, with the view of avoiding suffocation, prepared a curved leaden tube, two inches in length, and an inch and a half in circumference, which he succeeded in passing into the fistula after four hours' effort. Respiration then became much more easy. On the 11th November, 1822, he was sufficiently recovered to be transferred to the "*bagne*" at Toulon.

After some time respiration became again embarrassed, and the patient thought that granulations partially blocked up the inferior extremity of the tube; he therefore added to it a smaller tube, which lengthened it by an inch, for the purpose of extending beyond the granulations, which he supposed caused the obstruction; and he then breathed with more facility.

In May, 1825, while at some laborious occupation, the small leaden tube became detached, and fell into the trachea, where it lay, at the origin of the right bronchus, and caused violent cough. Leblanc withdrew the larger tube, and made many ineffectual attempts to extract the smaller one, with a kind of hook, which he contrived for the purpose. He was then carried to hospital, where [illegible] the tube, and supplied him with a new one, longer than the former, by aid of which respiration became much easier.

While the patient was in hospital, I endeavoured to ascertain whether there existed any communication between the larynx and trachea. I was surprised to hear him speak tolerably distinctly, and could not believe that the larynx was occluded. I closed the fistulous opening, but he was on the instant threatened with suffocation; the next day I passed a gum elastic catheter by the glottis, and injected water into the larynx; the presence of that fluid caused irritation and coughing, and when the catheter was withdrawn, the patient bent his head forward and expelled the water by a violent expiratory effort, not a drop of the liquid passing into the larynx. These experiments were several times repeated by myself and M. Sper, and we in addition threw quicksilver into the larynx, which clearly shewed that there was complete obstruction of the larynx.

Leblanc himself detailed the history of his case. His mouth being about four feet distant from my ear, he frequently had to repeat certain words before I could understand him. Sometimes he experienced great difficulty in pronouncing certain syllables, and then wrote the word.

He was able to pronounce with sufficient distinctness, the letters b e d f g h i j k p q r s t u v x y z.

He found much difficulty in articulating the letters a e l; and especially in pronouncing o, he was obliged to make considerable exertion.

He could not pronounce the letters m and n.

When he wished to speak he opened his mouth, depressed the larynx, and after filling it with air, suddenly elevated the larynx and spoke in jerks, as if he were spitting, an interval occurring between the pronunciation of each word. Pronunciation was not clear, but he could be understood with sufficient distinctness. The efforts necessary to enable him to speak produced fatigue, and he could not sustain a lengthened conversation without resting. When he spoke for a long time together, the face became injected, shewing that respiration was impeded.

He was able to whistle, but this required a greater effort than to speak; he could not whistle for any great length of time, and during the act, elevated the larynx very much.

He could blow his nose, for which purpose he filled the larynx with air, shut his mouth, elevated the larynx, and expelled the air through the nasal fossæ.

When he spat, he shut the mouth, elevated the larynx suddenly, and at the same moment slightly opened the lips to give exit to the saliva.

When he wished to sneeze, he shut the mouth, elevated the larynx, and the air escaped through the nose.

When he felt it necessary to expel the bronchial mucus, he withdrew the tube, and expelled the mucus after several expiratory efforts.

He could speak but with increased difficulty when the anterior nares were closed.

His health and strength had latterly been much deteriorated. On his arrival at Toulon, he spoke much more distinctly than when I saw him, the distinctness of phonation diminishing with his strength.

He was subject to frequent attacks of bronchitis, and at length died 20th July, 1828.

After death, the mouth, pharynx and larynx, were removed together. The tongue and the cavity of the mouth, presented nothing remarkable. The glottis was exposed by a longitudinal incision on the posterior surface of the pharynx. The epiglottis was natural, the glottis somewhat contracted. On separating the arytenoid cartilages, which enjoyed their natural mobility, we saw distinctly the superior and inferior ligaments of the glottis, and the ventricles of the larynx all presenting a natural appearance. We filled the cavity of the larynx with mercury, not a drop of which passed into the trachea.

We next examined the septum, which completely blocked up the larynx above the thyroid cartilage; it was oblique from above downwards, and from behind forwards. It seemed to consist in its two anterior thirds, of the integuments, and in its posterior third of the anterior surface of the pharynx, drawn forward as it were to meet the skin.

The dissection was performed by a commission appointed by the Academy of Sciences of Paris.—*Gazette Medicale.*

DISSECTION OF A LIMB FIVE YEARS AFTER THE CURE OF FEMORAL ANEURISM, BY THE APPLICATION OF ICE.

BY M. CABISSOL.

In the *Gazette Medicale*, t. v., An. 1837, p. 565, was published the case of — Gloria, who was received in the Naval Hospital at Toulon, labouring under an aneurism of the femoral artery and the termination of the external iliac artery; the nature of the affection had been previously misunderstood, and the tumor, at the date of admission to the hospital, seemed to be on the point of bursting, the case was regarded as desperate, as ligature of the aorta seemed to be the only resource; but, nevertheless, the aneurism was cured by the constant application of ice continued during two years, at the expiration of which time Gloria resumed the active and laborious occupation of a seaman.

In 1836, he embarked for the West Indies, in perfect health, the tumor had completely disappeared, and he had the full use of the limb (the right), which always remained, however, somewhat larger than the opposite one. Towards the latter end of 1838 he was seized with severe pain in the pelvis and the right lower extremity, and an immense abscess formed, which finally terminated his life in September, 1839.

On dissection, the right thigh was found to be some inches larger than the left one; its cellular tissue and that of the pelvis was gorged with serum. The lower

part of the abdomen, the internal iliac fossa, the sheath of the psoas and iliac muscles, the thigh from Poupart's ligament to its middle, and the external iliac fossa were the seat of numerous abscesses of variable extent and depth from the surface, which were separated by aponeuroses, and contained in cysts lined with thick reddish membranes that communicated with each other, so as to allow the pus to find exit by several cutaneous openings.

The external iliac artery was but slightly dilated, the epigastric and circumflex arteries were larger than natural; from the origin of the latter artery to that of the profunda femoris, the femoral artery was completely obliterated and converted into a very dense resisting cord, consisting of white fibres, and running in the direction of the artery. External to this cord and a little above the origin of the profunda was a tumor, of dense fibrous structure, analogous to that of the obliterated artery. This tumor was six lines in diameter, was quite distinct from the surrounding yellowish cellular tissue, and adhered to the artery by means of a narrow peduncle, the upper part of which was ossified to the extent of a line.—*Gazette Med.*

STATISTICS OF THE LYING-IN CLINIC OF PRAGUE, FOR 1840.

BY PROFESSOR JUNGMAN.

1,466 were delivered, of whom 13 had twins; 1,479 children were born, of whom 793 were boys, and 686 girls. 1351 were born alive, 74 apparently dead, and 54 still-born.

There were 1423 presentations of the head.

2	—	forehead.
8	—	face.
3	—	shoulders.
1	—	back.
17	—	coccyx.
12	—	feet.
1,466		

The forceps were applied 52 times when the head presented, and four times after the expulsion of the trunk: in all 56 times, or 3 times in 100. The indications were—

Narrowness of the upper strait... ...	15
Do. lower ...	14
Smallness of the entire pelvis	7
Failure of uterine contraction	11
Rigidity of the soft parts	3
Oblique position of the head	1
Prolapsus of the uterus	1
Do. of the cord	2
Eclampsia	1
Fourth position of the head	1
	56

Seven of the children whose heads presented first, died, as did two of those in whom the trunk was expelled before the head.

Turning was performed once because of the presentation of the back, and twice because of the presentation of the shoulder.

In a rachitic female, aged 35, it was estimated, by means of Baudelocque's compass, that the antero-posterior diameter of the pelvis measured 3¼ inches; premature delivery was artificially brought on in the 9th month; the head was arrested in the passage, and as auscultation gave no indication that the infant was alive, perforation of the cranium and version by the feet were practised. The mother died an hour after the operation. On dissection the pelvis was found to be small in every dimension: the antero-posterior diameter measured but three inches, the transverse 4; a large laceration almost completely separated the uterus from the vagina.

A perforation of the cranium, because of contraction of the pelvis, and absence of fœtal pulsation, was followed by death of the mother.

Forced delivery was attempted because of uterine hæmorrhage and insertion of the placenta over the orifice of the uterus; the placenta was detached at its edges, and the feet brought down. The head being arrested, was extracted by the forceps. The child was dead, the mother recovered.

The Cæsarean operation was performed once on a woman, who died from eclampsia. The child was also dead. The operation was also performed on a living mother, in whom the antero-posterior diameter was two inches six lines. Mother and child died.

23 women died; 16 of puerperal fever, which attacked in all 73 women.

22 children suffered from pneumonia; 15 died. An operation for hare-lip was performed three days after birth; the child sucked immediately after the operation, which succeeded perfectly. Fissure of the palate co-existed, which soon closed.—*Medicinische Jahrb. des Oester. Staats; et Gaz. Med.*

LIGATURE OF THE SUBCLAVIAN ARTERY, FOR THE CURE OF AXILLARY ANEURISM, CAUSED BY A GUN-SHOT WOUND.

Dr. Nott, of Mobile, Alabama, relates the following case:—Mr. Christopher L. Clausel, ætat. 30, on the 27th August, 1838, while hunting, was holding his gun (charged with small shot) by the muzzle; the gun went off accidentally, and the whole load, after passing through the wrist, lodged in the axilla; considerable hæmorrhage ensued, both from the wrist and axilla. Dr. Watkins, who was in attendance, found it necessary to amputate the arm above the wrist, three hours after the accident; no artery required ligature, and this fact, with the hæmorrhage from the axilla, induced the belief that the axillary artery was injured by the shot.

A slough formed in the axilla, which commenced separating in four or five days. On the twelfth day a hæmorrhage occurred from the axilla, and about a quart of blood was lost; it was commanded by compress on the wound. On the next day a hæmorrhage again occurred to about the same extent. On the sixteenth day a third and most alarming hæmorrhage took place, completely exhausting the patient; a compress was again applied, and the hæmorrhage did not return.

On the eighteenth day the slough separated, leaving a cavity as large as an egg, and exposing the ribs; the artery could neither be seen nor felt; the healing process soon commenced, went on rapidly, and by the middle of October it was filled up, leaving only a narrow ulcer an inch long. About this time the aneurismal tumour commenced in the axilla and increased rapidly.

Mr. C. came down to Mobile to consult me, and I saw him for the first time on the 3d of November.—On examination I found a large aneurism, filling up the axilla, and extending nearly to the clavicle; pulsations strong and aneurismal thrill distinct. I advised tying of the subclavian artery above the clavicle, and performed the operation on the 27th of November, in the presence of Drs. Fearn, Woodcock, and Crawford. No difficulty occurred during or after the operation, and everything went on favourably.—On the twenty-sixth day after the operation, the ligature still remaining firm, I attached to the end of it a gum-elastic thread, laid a small compress on the clavicle, drew the thread over this, and fixed it to the chest by an adhesive strip; it was thus made to exert

a constant and gentle force upon the ligature. On the thirty-first day the ligature came away, and had it not been for this contrivance it would probably have remained a considerable time longer; although the ligature was tied so tight around the artery that I could scarcely pass an ordinary sized pin through the loop after it came away.

At the end of forty days the patient returned home with the wound healed, the tumour much diminished, but the pulsation, which returned two days after the operation, was still strong and *purr* distinct.

I saw the patient five months after the operation, and though diminished, there was still so much pulsation in the aneurism, and the *purr* so distinct as to alarm the patient.

I lost sight of the patient until April, 1841, more than two years after the operation, when I had the gratification to see him perfectly well in every respect. —*American Journal of Medical Sciences.*

RHATANY IN THE TREATMENT OF FISSURE OF THE ANUS, PROLAPSUS ANI, AND LEUCORRHŒA.

Dr. W. P. Johnson relates, in the *Medical Examiner*, (May 8, 1841,) two cases of fissure of the anus, successfully treated by rhatany as recommended by Bretonneau; and Dr. J. B. Biddle records, in the same journal, a case of prolapsus ani and one of leucorrhœa, cured, by injections of the same article. Dr. J. and B., however, employ a preparation made according to the following formula, which they conceive to be a far neater one and more efficacious than that used by Trousseau. ℞. pulv. rad. kramer. ℥ss. ; aq. font. ℥vj. Put the root into a displacement vessel, or glass funnel, with a cork fitted in the bottom; pour the liquor over it, and macerate for an hour or two; withdraw the cork, and repass the liquid two or three times; then displace with an additional quantity of water until ℥vj. has passed. Prepared in this way, each ounce will contain from 25 to 28 grains of extract.—*American Journal of Medical Sciences.*

ISINGLASS PLASTER.

Mr. Liston has for many years been in the habit of using, after operations and for other surgical purposes, a plaster, consisting of oiled silk covered with a coating of isinglass.

The following is the method of preparing it:—Moisten an ounce of isinglass with two ounces of water, and allow it to stand for an hour or two until quite soft; then add three ounces and a half of rectified spirit, previously mixed with one ounce and a half of water. Plunge the vessel in a saucepan of boiling water, and the solution will be complete in a few minutes.

Having stretched the oil silk on a board, by nailing it round the edges, apply the solution of isinglass with a brush, taking care to move the brush evenly and in the same direction, making it smooth as you proceed—as in varnishing a picture. When quite hard and dry, apply another layer, in the same manner, but moving the brush in the opposite direction, in one case horizontally, in the other perpendicularly. In this manner apply four coats of the solution, or even a fifth, if the surface be not entirely smooth. The last layer should be reduced in strength by the addition of a little more water and spirit. An ounce of isinglass is sufficient for about a square yard of the plaster.

The following precautions should be observed:—the distance between the nails should not be more than an inch and a half, otherwise the oil silk will shrink in festoons, and will not remain flat. The isinglass must be well soaked in water before the spirit is added, otherwise it will not make a complete solution; and the spirit, when added, must be diluted with a portion of the water, to prevent precipitation of the isinglass. The brush must be a flat "hog tool" such as is used for spirit varnish, and well made, otherwise the hairs will be found to come out, and this is an inconvenience, as the operation must be performed quickly while the solution is warm. The solution, when cold, should be of the consistence of blancmange.

Repeated experiments have shown that gelatine does not answer the purpose as a substitute for isinglass, either alone or in any proportions. A sample is on the table, in which the first three layers were composed of a mixture of the two substances, and the last is pure isinglass; in another sample only isinglass was used, and it will be seen that the latter is much more adhesive.

The oil silk has been, in a great measure, superseded by the use of a membrane, consisting of the peritoneal covering of the *cæcum* of the ox, rubbed down and carefully polished in the manner in which the common goldbeater's skin is prepared. The following is the report of this plaster, furnished by Mr. Ancrum, Mr. Liston's assistant at the North London Hospital: From the extreme thinness of the plaster, the wounds can be examined without its removal. It adheres much better than plaster made with isinglass spread on silk: and in the first instance of its application becomes firmly fixed. It is difficult to fix the isinglass plaster spread on silk, unless it is very good. From the extreme tenuity of the membrane plaster, it is equally unirritating with goldbeater's skin; and when once applied it remains so accurately adherent, that it does not require to be changed for many days. Altogether, after a good deal of experience in all the different plasters, we find it the best uniting material that has ever been produced.

In applying the isinglass to the membrane plaster, the directions already mentioned, with reference to the oil silk, may be observed, but a layer of drying oil is spread on the other side of the membrane—*Pharmaceutical Transactions.*

ON THE USE OF CHLORIDE OF SILVER.

Dr. J. C. Perry, of Philadelphia, recommends the use of the chloride of silver, in preference to the nitrate, as being less uncertain in its effects, more convenient for exhibition, less liable to decomposition, and free from nauseous taste. The best form of exhibition is in pill. To children it can be given as a powder suspended in syrup. Twelve grains administered daily for three months have produced no unpleasant symptoms, and discoloration of the skin has never followed.

In epilepsy, three grains given four or five times daily, produced effects similar to those of nitrate of silver, but more marked.

In chronic dysentery, half a grain to three grains thrice daily, produces immediate diminution in the number of the stools and other symptoms.

The catamenia suspended for years returned, after its free exhibition for two or three weeks.

Dr. P. also found this medicine useful in chronic dysentery and secondary syphilis.—*American Medical Intelligencer*, Feb. 1841.

PHARMACEUTICAL NOTICES.

EXTRACTED BY M. DONOVAN, ESQ.

Infusions.—Mr. Jacob Bell (Pharmaceutical Transactions), amongst other useful observations, notices the fact, that infusion of orange peel, if the process of infusion have been continued during a quarter of an hour, is a clear and elegant preparation:

but if the infusion be allowed to stand on the dregs a few hours, it becomes muddy, acquires a nauseous taste, and is more liable to spoil by keeping. The infusion of rhubarb and of calumbo, he says, are remarkable instances of the same kind. He adds that rhubarb and senna, treated with cold water, have been found by experiment to yield larger proportions of extract, and more efficacious products, than when hot water has been employed.

Mr. Alsop *(American Journal of Pharmacy)*, shows that the ordinary process of infusion defeats its own end. When the materials are in the bottom of an infusion jug, the water being above them, a saturated solution is formed below, which acts as a septum between the lower and upper strata; and hence the process of extraction is but imperfectly effected. He proposes, therefore, that the infusion jug should have a diaphragm in its upper part, on which the materials should lie. If boiling water be poured on, so that it shall rise above the materials, it will happen that as soon as the water in contact with the materials becomes saturated, and therefore, specifically heavier, it will descend, and be replaced by water less loaded, and hence more capable of extracting new matter. Mr. Alsop, alluding to the ephemeral nature of infusions, informs us that they may be preserved a long time by the following process. When the maceration has continued during the time prescribed, the infusion should be strained *while hot*, and immediately transferred to bottles provided with accurately ground stopples. The bottles are to be made perfectly full; and the stopples must displace their own bulk of the liquid. As the solution cools a partial vacuum is formed by its contraction, which is the more complete the higher the temperature was at which the liquid had been bottled. In this way, infusions may be preserved for months.

This is Appert's principle of preserving meats, soups, &c. Mr. Alsop's proposal appears to be a most useful adaptation, and would, if practised, save apothecaries a great deal of annoyance, and the patient a great deal of delay.

Steel Pills of Dr. Blaud.—These may be prepared in the following manner:—Take of Berthemots sulphate of iron half an ounce (troy): dry it at about 100°, and reduce it to a fine powder: with this mix intimately an equal quantity of hastily-pulverised subcarbonate of potash. To the mixture add three drachms of honey, and form a mass. This, if too soft, will soon harden. The decomposition does not take place until the honey has been added; and then the absorption of oxygen, although it commences, is arrested at the same point as the sucre ferrugineux, of MM. Klauer, and Becker, for in all of these the principle is the same.

In the whole mass, as prepared above, there are 63 grains of oxidi of iron. Hence, if the whole mass be divided into 165 pills, then each drachm into 15 pills, each pill will contain scarcely more than one-third of a grain of oxide of iron, almost entirely in the state of protoxide. These pills will keep a long time without absorbing oxygen. (See *Journal de Pharmacie, March*, 1841.)

Spurious Opium.—It appears from a report of Mr. Morson, that an opium fabricated perhaps of a small portion of bad opium, with the refuse of a morphia manufactory, has been offered for sale in London, and even purchased. It is in globular masses, covered with leaves, and of a dark colour. It contains no morphia. Purchasers should be on their guard.

The same article has been introduced in France.—In smell and taste it resembles ordinary opium, but is more feeble. By contact with water, it becomes milky. This heartless fraud, invented by some eminent artist in villainy, has also found its way into the United States.

Test of Copaiba Balsam.—Mr. Tyrer, of Liverpool, proposes the following method of detecting adulterations in this substance. Agitate one part of the suspected balsam, with two parts of liquid ammonia: let them remain for a few hours, if the mixture continue milky, the balsam contains castor oil.—*The Chemist, April* 1841.

Antihysteric Draught.—Dr. Josat says, that fifty-five observations convince him that the following is efficacious in every simple hysterical fit:—cyamde of potassium, three quarters of a grain: distilled lettuce water, two ounces: syrup of orange flowers, six drachms. A tea spoonful to be taken every ten minutes. The *cyainde* must be used, as the ferrocyanide is powerless.

Socotorine Aloes.—The descriptions which are given in the old works on Materia Medica do not apply to the socotorine aloes of the present day, and we have been much in the dark relative to the cause of the difference. The following account explains the difficulty:—The aloes plant grows at considerable heights in the island of Socotora, on calcareous mountains. It prefers dry situations. All parts of the island produce it, but the western side is entirely covered with it. In 1833, two tons only were exported; every day the quality and value are diminishing.—The aloes of Socotora would be the finest in the world if its collection and manufacture were attended to with sufficient care, but unfortunately, this is not the case, and to this want of care ii the deterioration of its character attributable. Its price varies, according to its quality, from two to four shillings the English pound. The juice is obtained by subjecting the leaves to pressure wrapped up in skins.—*Journal de Pharmacie, July* 1841.

Cause of Mouldiness in Extracts.—Mr. Maurice Scanlan, late of Dublin, has confirmed the assertion of M. Chevallier, that it is the presence of vegetable albumen in green extracts or inspissated juices that causes them to become mouldy so rapidly. Mr. Scanlan states that some years since he separated the albumen from a quantity of *succus spissatus belladonnæ*; the consequence was, that in a few days the coagulated albumen became mouldy, but the inspissated juice from which it had been separated, kept perfectly for more than a year. In preparing green inspissated juices, he now allows the recent juice to settle until the green colouring matter has subsided; he next boils the juice in order to coagulate the albumen; then evaporates it down, and when it thickens, he stirs in the green colouring matter; for to remove it would alter the volume, and therefore the strength of the extract. Mr. Squire is of opinion that the separation of the albumen is necessary in wet seasons, but not in dry. Mr. Bullock adds that the temperature must exceed 140°.—*Pharmaceutical Transactions, IV.*

PROPOSED OFFICINAL SOLUTION OF PROTO-IODIDE OF IRON.

BY H. BEWLEY, ESQ.

Having for several months past adopted in our establishment a Syrup of the Proto-iodide of Iron very much stronger than the preparation of the same name, which M. Dupasquier has proposed, and which Mr. Donovan has introduced to general notice in a valuable article in the Medical Press of the 22d September, and having seen elsewhere a similar preparation, but of different strength, I apprehend uncertainty and mistakes are not unlikely to arise from the varied quantities of the iodide with which the syrup is or may be prepared. The Syrup which we have adopted contains four grains proto-iodide of

iron in each fluid drachm, or 32 *grains* in each ounce of syrup. According to M. Dupasquier's form, one ounce *by weight* of syrup, contains about *one grain;* that is, $1\frac{1}{8}$ grain to each *fluid ounce.* The Syrup which we have been using is therefore five and twenty times stronger than Dupasquier's.

As this salt of iron and mode of administration is regarded as possessing peculiar recommendations, it is of importance to inquire what quantity of the Iodide, it is most desirable should be contained in a given quantity of syrup, so as to ensure its conservation, and ready administration in smaller or larger doses, as the case may require, and having decided on the most eligible form, it is of still greater importance that that form should be universally adopted as an officinal and standard solution. The formula of M. Dupasquier does not appear to me, on several grounds, to be the most eligible.

1. His normal or standard solution is directed to be made *extemporaneously*, according as it may be required. It will not keep, being subject, as he remarks, to immediate decomposition, unless an iron wire is kept in contact with it.

2. The relative proportions of ferruginous salt and of syrup being estimated *by weight*, M. Dupasquier's form is not so well adapted for the various branches of the profession, who are more accustomed to calculate relative proportions of fluids, by *fluid measure.* Again, if we transfer his quantities into the corresponding proportions of our weights and measures, we shall introduce complexity into our calculations, which, though not of consequence to the apothecary, who always has his formula at hand, is inconvenient to the physician in prescribing. Thus, 30 grammes of Dupasquier's syrup, or rather less than one ounce Troy, or $\frac{3}{4}$ of our fluid ounce, contains 62 milligrammes or a little less than one grain proto-iodide. If we calculate by the *fluid ounce*, we shall have $1\frac{1}{8}$ grain (the quantity of proto-iodide contained in one fluid ounce), as the standard by which to compute. This introduction of fractional parts of a grain in the quantity by which the prescriber is likely to compute is surely objectionable, when it can be as well avoided.

3. The strongest objection to M. Dupasquier's form, as it appears to me, is that the proportion of the salt is too small in relation to the vehicle. M. Dupasquier admits that from 20 to 120 drops of his normal solution may be taken in 24 hours. If then it is to be administered to this extent in the proposed form, the patient will have to take fifteen ounces of syrup during the day. This excessive quantity, it is obvious, would produce derangement of the stomach, and would be inadmissible.

I will now state the reasons which induced me to adopt the form which we have had in use, viz., *four grains to the fluid drachm.*

1. I find that in this state of concentration, it keeps perfectly well. I have some by me at the present time, made about four months ago, which is yet perfectly good. There is not the slightest precipitate; it remains perfectly clear—it has no odour of free iodine, and solution of starch does not indicate it.

2. The quantities generally prescribed being commonly parts or multiples of 4, I considered it desirable to adopt a standard which would facilitate calculation in prescribing. Thus bearing in mind that each drachm contains 4 grains, there is the utmost facility in computing the quantity to be ordered for so many doses of 1, 2, or more grains, which may be dispensed in separate draughts, or in the ordinary 8oz mixture.

3. By adopting a standard solution of this strength, the physician is enabled to vary the vehicle at pleasure, or to order such combination of other medicines, not incompatible, as circumstances may indicate. Thus ℥ss–℥iss., may be combined with a pint of Syrup of Sarsaparilla, which M. Ricord has recommended as most efficacious in constitutional syphilitic diseases. Under ordinary circumstances, distilled water with a little fresh Mucilage of Gum Arabic, and Syrup of Smilax, Capillaire, Tolu, or Ginger forms an agreeable and suitable vehicle.

I find M. Boudet's views, as published in the *Journal de Pharmacie* of last month, are in near accordance with my own. The officinal solution which he has proposed is still stronger, ten parts by weight containing one of iodide.

Having now detailed the reasons which induce me to regard the Concentrated Syrup, which we have been using, as preferable to that of M. Dupasquier, I trust I shall not be deemed presumptuous, should they appear satisfactory to my professional brethren, in proposing, for the sake of uniformity, that it should be adopted as a *standard and officinal solution.*

The enlightened apothecary need not be again instructed in the minutiæ of the process for its preparation. If he employ 126 grains of Iodine, the product will be 154 grains of proto-iodide in solution, and this will furnish him with $4\frac{3}{4}$ ounces of Syrup of the required strength. I see no advantage in employing more than half as much iron as iodine, and prefer iron turnings, which may be had clean and free from oxide, to iron filings, with which there is generally an admixture of foreign matter.

3, Lower Sackville-street.

REVIEWS AND NOTICES OF BOOKS.

1. ON THE CONSTRUCTION AND MANAGEMENT OF HOSPITALS FOR THE INSANE; with a particular notice of the Institution at Siegburg. By Dr. Maximilian Jacobi. Translated by John Kitching. With Introductory Observations, &c., by Samuel Tuke. London, 1841. 8vo., pp. lxxx. and 299.
2. THE STATISTICS OF THE RETREAT; consisting of a Report and Tables, exhibiting the Experience of that Institution for the Insane; from its Establishment in 1796 to 1840. York, 1841. Small 8vo., pp. 62 and tables.

Dr. Jacobi's work is of a more comprehensive character than is indicated by the title-page, since it contains instructions respecting the cure of insanity, as well as a systematic essay on the construction and management of hospitals for the insane. Mr. Tuke has prefixed to the translation by Mr. Kitching, what he denominates an introduction, but which is in fact an analytical and critical review of the work, embodying his own views, and the results of his own experience. This paper certainly adds to the value of the book, since Mr. Tuke has acquired both a European and Trans-Atlantic reputation by his publications respecting the "Retreat," and by his enlarged views, long expressed, respecting the proper treatment of insane people. It is our intention to confine our remarks to this introduction, premising, however, that Dr. Jacobi's essay seems worthy of being perused, and even studied, by those who have the care of hospitals for the insane, or who have any share in their management, whether officially or otherwise. We may add, too, although we have not seen the original, that the workmanship exhibited in the trasnlation is credit able to the writer. It *reads* well.

In his introduction, Mr. Tuke considers in succession—1. The government of asylums. 2 The internal arrangements. 3. The construction of the buildings. 4. The statistics of insanity. Under the first head he makes some remarks respecting the insufficiency of the present system of inspection and management, which are the more worthy of notice, because Mr. Tuke had a considerable share in ascer-

taining and exposing the celebrated "secret misdoings" in the York Asylum. This institution has now a good reputation under the judicious management of Dr. Wake; but Mr. Tuke says, "notwithstanding its present high character, and the excellence of its regulation, I cannot see in its system of internal government, a sufficient check against negligence and abuse. Rules have no power to execute themselves, and are but a dead letter, when the energy which gave rise to them is withdrawn." He sees no guarantee against these evils in the present plan of visitation which he does not hesitate to characterize as "most imperfect and unsatisfactory;" adding, "and so I know it is felt and acknowledged to be, by some who act as official visitors." The plan Mr. Tuke proposes to substitute is, "the appointment of a number of *competent* persons to visit, under the authority of government, all the places of whatever description, private or public, chartered or unchartered, in which the insane are confined; to compare the degrees of human misery in these abodes—to ascertain how it may be most effectually provided for and alleviated; to collect information under uniform heads from all these institutions—and to report annually to the public, the results of their observations and inquiries." No doubt a plan of this kind, well carried out, would be exceedingly useful; but it is too limited in its application; and it might very reasonably be suggested to Mr. Tuke to consider whether it would not be better to place all eleemosynary medical establishments whatever, under official control, in common with hospitals for the insane. His experience in these matters has probably convinced him that the usefulness of general hospitals and dispensaries would be much extended, by a plan like that which he proposes for the regulation of lunatic asylums.

Under the head of "internal arrangements," Mr. Tuke, amongst other interesting questions, discusses the propriety of leaving the whole medical, moral, and superintending care of an asylum to one individual; and infers from a knowledge of the common failings of human nature, that such a system leaves an institution greatly exposed to abuse. His observations on this subject are deserving of notice. Another remark Mr. Tuke makes as to the proportion of attendants to patients is of importance; he thinks seven of the latter are as many as one attendant can manage properly, which is the number allotted to each in the establishment at Siegburg. In the Retreat there is one attendant to eight patients.

Mr. Tuke, as might be expected, makes some moderate and judicious remarks on the humane and non-restraint system of treatment, and we ought to add, that Mr. Thurnam has the same merit. It is singular to observe, how very unequally this system has been adopted. The hospital for lunatics at Vienna, not longer than two years ago, exhibited as saddening acts of oppression as could possibly have been seen in the York Asylum at the darkest period of its history. At that time we ourselves saw miserable wretches at Vienna chained, caged, and exhibited just like wild beasts. On the contrary, at the same moment, the hospital, at Prague, for the insane, was conducted throughout its most minute details on the soothing plan, and so was a large establishment at Avignon, so far back as 1818, if not earlier. Although Mr. Thurnam is an advocate for the mild system, he states that there has been sufficient evidence at the retreat, to prove that the passion of fear may be usefully employed in cases of violent and perverse insanity.

Another matter to which Mr. Tuke in two or three places alludes, is the propriety and utility of having individuals about the insane, who are imbued with religious feelings. There cannot be a doubt, that volunteer officers, attendants, and nurses—volunteers from a high, religious, and moral impulse, are much wanted in every kind of medical charity, and might be extensively useful. Sisters of charity would adorn Protestantism quite as much as they set off Roman-Catholicism. Mr. Tuke seems to think that more persons morally qualified for the duties of the insane, are to be met with in Germany, than in England. From personal observation we are inclined to doubt this opinion, and to think that the question only wants bringing properly before the religious public in our own country, to ensure very satisfactory results.

The author of the introduction, under the head of "statistics," gives, amongst other interesting details, a statistical table of the persons reported to be insane, or idiotic within the city and rural districts of the York poor-law union, distinguishing those who are paupers from others. The result is, that in the city district there is one insane or idiotic individual to a population of 500; in the rural district, one to 325; and in the whole union 1 to 430; or if persons of decidedly weak intellect be included, rather more than 1 to 200, which, Mr. Tuke thinks, is a much more favourable proportion than will be found in South Britain. We would take this opportunity of again directing the attention of our readers to Mr. Thurnam's "Statistics of the Retreat." The publication is of diminutive size, but embodies the valuable results, we are very certain, of great and irksome labour. Mr. Tuke says no more than what is perfectly just, when he states that Mr. Thurnam's tables "have been prepared with great care and ability."

Our limits will not permit us to give an analytical and critical review of a critical review. We hope, however, we have done enough to direct the attention of our readers to the useful publications under notice. It cannot be denied that they are creditable to the celebrated institution at York.

NORTH OF ENGLAND MEDICAL ASSOCIATION.

The half-yearly meeting of this important association was held at Durham, on Wednesday, the 13th inst.—William Greene, Esq., of Durham, in the chair.

Mr. C. T. Carter, of Newcastle, the Honorary Secretary of the Association, read the following

"report of the council:

"The council are happy to have an opportunity of meeting the members of this association in the ancient city of Durham; and although it is not incumbent on them, upon this occasion, to supply a formal report, they trust that the following statement may not be uninteresting.

"Concerning the progress of legislative proceedings in connection with the question of medical reform, the council have nothing very decisive or satisfactory to relate. The medical profession bill, which was introduced during the last session of the late parliament, after being repeatedly set down for a second reading, was withdrawn, in consequence of the very unsettled state of political affairs which preceded the dissolution of that parliament. This circumstance, though productive of temporary disappointment, need not, perhaps, be matter of deep regret; for it was not to be expected that a bill could have passed the legislature during the session, and the consequent delay, added to the frequent discussion of the subject of medical reform, occasioned by the promulgation of the schemes of Mr. Warburton and Mr. Hawes, and other documents, may eventually be of service in procuring a measure which may be satisfactory to the profession at large. The question is one of great difficulty. Many conflicting interests are involved in

its settlement, and much information is wanting to enable the legislature to arrive at a correct and unprejudiced view of its complicated bearings. The council are persuaded, nevertheless, that it is gaining ground. The late general election has afforded an opportunity of explaining its merits to members of the new parliament. Many honourable gentlemen have received deputations, and have expressed, not only their willingness to attend in their places in the House of Commons, whensoever matters relating to the profession are brought forward, but their desire to be made acquainted with a subject of such vast importance, not to one, but to every class of the community. It is sincerely to be hoped, therefore, that when again introduced, the question of medical reform may meet with a degree of consideration commensurate with its intimate relation to the well-being of society.

"Within the last few months, certain indications of a reforming spirit have been observed in some of the medical corporate bodies. The College of Physicians of London has begun the adoption of a more liberal policy than has hitherto marked its history.—The exclusive privileges of graduates of the English universities have been abolished. The College has been thrown open to its members. The obnoxious appellation of "LICENTIATE" has been abandoned, and a system of representative government introduced. Such changes are gratifying proofs of the progress of reform, and might afford a sufficient answer to those timid and desponding persons who find an excuse for their own apathy, in representing the efforts of reformers as visionary and useless.—The council give the College of Physicians credit for their late proceedings, although forced upon them by the influence of public opinion, and of wide-spread discontent in the profession; and when they find amongst those who have been assisting in the work the names of Kidd, Seymour, Latham, Watson, and Williams, they cannot but hope for still further concessions to the reasonable wishes of the professional community.

"The College of Surgeons has yet made no declaration of its intentions, although rumour states that some internal movements are going on in that institution also; and the well-known liberality of a portion of those gentlemen who are at this time members of its council, induces a belief that it cannot long remain in its present unsatisfactory condition. The most eminent of its council have publicly declared the necessity of amendment. The complaints of its members have been acknowledged to be well-founded, and the defective working of this and other of the medical corporations has been fully exposed. What can be more absurd or more detrimental to the efficiency of the profession, than that its members should emanate from a variety of institutions, each of which has power to make its own regulations irrespective of the rest—responsible only to itself! Institutions connected together by no common link, and too often engaged in unseemly competition, or actuated by feelings of jealousy towards each other: most of them endowed with power to grant degrees, diplomas, &c., and each having a direct pecuniary interest in the number of credentials dispensed by it, and in some of which the teacher officiates as the examiner of his own pupil!

"It has been a just ground of complaint that the medical institutions of this country have disregarded the interests of their members—a circumstance which cannot excite surprise, when the irresponsible character of their governing bodies is considered. Neither have they taken proper steps to protect the public health, to supply the kingdom with a thoroughly-educated body of medical practitioners, or to guard the community against ignorance and fraud. They have hitherto, in fact, served the interests of a few, to the exclusion of the mass of those from whom their resources have been derived.

"A more liberal spirit seems of late to have actuated their councils. This may in some measure have been spontaneous with individual councillors, but has been still more the result of the agitation which has been occasioned by the dissatisfaction existing throughout the profession. To whatsoever cause attributable, it must be hailed as a favourable omen, and as a great encouragement to those members of the profession who are striving for its improvement.

"But, as has been remarked in an essay attributed to the pen of Sir Benjamin Brodie, no self-reform of any corporation will be sufficient to accomplish what is demanded in the way of reformation. The councils of the corporations must be made responsible, not only to the members of the latter, but to some superior board or authority, under what name soever it may be designated. This opinion has been acquiesced in by the Colleges of Physicians of London and Edinburgh and by the Colleges of Surgeons of Dublin and Edinburgh. The necessity of a superior board or council is admitted; but, upon the mode of its construction, there is, as might indeed be expected, a considerable variety of opinions. Your council have always advocated a mixed form of government, so that whilst the council or board should connect the profession with, and render it a branch of, the general polity of the nation, it should also be representative of, and responsible to, the members of the profession, by whom its revenues must, in any case, be mainly supplied. They have been anxious to gather the sense of the association upon this point, and accordingly submitted to their perusal, some time ago, two outlines of plans, upon which their opinions will be taken before the termination of this meeting. They beg, in offering them, to repudiate once more the oft-repeated accusation that they are seeking to destroy the presently-existing medical institutions. On the contrary, they would render them constituent parts of one national system. Instead of curtailing their boundaries, they would extend and amplify them: they would give their members an interest in their prosperity and reputation, and render them more eminently conducive than they have hitherto been to the ends for which they were incorporated—at the same time that they would take measures for supplying those defects and correcting those anomalies in the profession, which, from their nature and constitution, the corporate bodies are inadequate to control.

"Some persons have despaired of ultimate success, because of the variety of opinions which have been broached in reference to the fulfilment of the latter objects. But these should by no means create discouragement. They originate in one common feeling of dissatisfaction they show, that however men may differ as to the remedy, there is no doubt regarding the presence of an extensive disease. Each proposed plan of treatment contains suggestions, probably, which may at some time be of use in the re-organising of the profession. The council are anxious to consider every proposition that may be made, in the hope of gleaning information therefrom. Acting in conformity with this spirit, they have laid before the members the two outlines already mentioned; but, in doing so, they would be distinctly understood as not wishing to dictate upon the subject, or, by the production of these plans, to supersede the bringing forward of others. They wish merely to obtain some indication of the general feeling as to the outlines of a measure which would be acceptable to the majority, and have adopted this mode of arriving at that knowledge.

"The plans coincide in several important points.

"They mutually contemplate the possession of a license by all persons hereafter legally entering into practice, and the establishment of a uniform qualification throughout each division of this empire, for all future candidates for such license; and a similar uniformity in the granting of degrees and titles in medicine and surgery.

"They each provide for an authentic registry of all legally-authorised practitioners, with means for its publication; and a representative governing body for the whole profession.

"According to plan No. 1, the examining and licensing board would be formed prior to, and would be distinct from, the governing body, except that vacancies occurring in it would be filled by that body. It would contain members appointed by the crown.

"The examining board, according to the second plan, would be under the control of, and responsible to, the general council.

"The plans agree in dispossessing the Apothecaries' Company of the power now held by it, of examining and licensing medical practitioners.

"The council wish not to treat with disrespect, or to underrate the services of, the Apothecaries' Company. Its present functions were not sought by it. They were thrust upon the company by the culpable neglect of the Colleges of Physicians and Surgeons. But is the Apothecaries' Company the source from which medical practitioners should emanate? Its charter was granted for the purpose of protecting the public from the practices of ignorant pretenders to medical knowledge. Has it fulfilled the terms of its charter in this respect? To a very small extent. The company, it is said, is in possession of 1,200 names of persons practising without its license. Is it fitting that medical men should derive their authority to practise an honourable profession from a "City Guild and Trading Company?" And is it proper that the licensing power for the general practitioner should be held by a body which is not authorised to examine its licentiates either in Surgery or Midwifery?

"The London Corporations have declared that the public have divided the profession into physicians, surgeons, and apothecaries. They surely must be aware that if this division obtain even in the metropolis, it does so to a limited extent: unless, indeed, they identify the apothecary and the general practitioner, which would be most unjust, seeing that the latter partakes quite as much of the character of the two first-named classes as of the third. The public require a class of medical attendants who have been educated and examined in all departments of the healing art, and such a class not one of the London Corporations is at present able to supply. Hence the necessity of a general examining board, and of a class of persons who shall be examined in all departments, before receiving a license to practise.

"The council have been at much pains to obviate an erroneous idea that the possession of a license to practise would abrogate in future all distinctions and grades in the profession. Divisions in labour there will ever be; and it is most desirable that different men should cultivate, more especially, particular departments of the healing art; and provided they do not mislead the public as to the relative qualifications of medical practitioners, and are not so conferred as to inflict injustice upon the latter, there can be no reasonable objection to the granting of degrees and honorary titles either in medicine or in surgery. These distinctive marks of pre-eminence each of the plans would leave in the hands of the existing universities and colleges, making provision only that the conditions whereupon they shall in future be conferred be rendered uniform throughout the three countries.

"The council will not occupy the time of the association with further observations upon this point. For additional illustration, they would refer members to the fourth page of their report published in April last.

"The first outline provides for a general incorporation of the whole profession into one faculty.

"The second would incorporate each of the existing orders of the profession into its own faculty, and would form a general council of an equal proportion of members belonging to the governing body of each—such bodies having been previously elected by their respective commonalties.

"The second plan would, in addition to other provisions, reform the existing corporations. Material benefit might ensue from such a change. The members, hitherto treated as 'ciphers, if not as aliens,' would become part and parcel of their parent institution: they would, by being admitted to the enjoyment of their just rights and privileges, take an interest in its prosperity, and would feel pride in augmenting its revenues, since these latter would then be dedicated to the encouragement of science, and the reward of distinguished services in the cause of professional improvement. In the language of Professor Kidd, 'each institution would vie with another in a spirit of liberal emulation.'

"For the removal of many of the present causes of complaint in the profession, the interference of the legislature is imperatively required, but they are not to be entirely removed by any legal enactment, how comprehensive soever it might be. They may, however, to a very considerable extent, be obviated by union amongst the members of the profession. And the council beg to remind the members of the recommendation of the last general meeting, relative to the sectional meetings of the association. They know of no means whereby that body could be of greater service, than by watching over the local interests of its members, nor any which ought to insure for it more largely the general support of their professional brethren. It is unnecessary to point out the various ways in which an association of all the legally-qualified practitioners in any locality, might be rendered useful: or how much they might become elevated in public estimation, if some such bond of union were established amongst them, as might tend to foster a community of interest and of feeling. It were equally superfluous to descant upon the mutual assistance and protection which might be thereby afforded, the discountenance which might be given to irregular and dishonourable practises, and the discouragement to quackery within as well as without the legitimate ranks of the profession; or how much it might contribute to the promotion of an upright and honourable deportment, and the due regulation of professional usage and etiquette—to say nothing of the advantages which might accrue from freedom of professional intercourse and discussion of scientific subjects.

"A strong instance of the beneficial tendency of such union has lately been afforded by the profession resident in Carlisle, in the transactions connected with the medical appointments in the Cumberland Infirmary. These need not be further commented upon in this place, as they will form the subject of a specific motion to be submitted to this meeting.

"In the hope and expectation that the recommendation of the Sunderland meeting will be acted upon, the council intend to propose that one general meeting only be held in each year.

"The attention of your council has been directed to the subject of parochial medical belief.

"They are anxious to assist in procuring a more satisfactory interpretation and administration of the anatomy act.

"A motion will be submitted to-day respecting the management of public hospitals and other charities; and one relative to the enrolment of non-medical gentlemen as honorary members of the association.

"One of the most conspicuous features of this society consists in the open and public nature of its proceedings. The association is desirous to enlist the public in the cause of medical reform, for most deeply are they interested in its achievement. They are interested in having the country supplied with a well-educated body of practitioners, and in having some means of distinguishing the qualified practitioner from the empiric and the impostor. They are interested in seeing the profession presided over by a body which shall contain the highest capabilities and talent within its ranks, and which might be referred to by the state for information and advice on matters relating to public hygeine, medical jurisprudence, &c. They are interested in the good government of the medical corporations, and the proper appropriation of funds which may be employed in the encouragement of learning and scientific inquiry. It is to their advantage that inducements should be offered for well-educated men to choose medicine as a profession, and that every impediment should be thrown in the way of those who, without proper qualifications, would undertake the responsibility of the healing art.

"Medical men, who have spent time and capital in the attainment of knowledge, must also be interested in the adoption of measures which would terminate the anomalous state of things of which they have at present to complain—in the disregard of their interests which has arisen from the want of knowledge by the legislature respecting them—the unfair competition arising from the dissimilarity in the qualifications required by the examining and licensing boards—and the want of information, on the part of the public, which may lead them to discriminate between the parties who are and who are not in possession of a qualification for practice.

"The reform of such abuses is a work of difficulty. Many influential bodies and individuals are opposed to them, for the simple reason that they are interested in the perpetuation of the present state of things; but if the mass of the profession be really anxious to obtain a sounder administration of their affairs, they should not be discouraged because it does not arrive as quickly as they could desire.

"The council lament that so many of their brethren should be altogether indifferent, whilst others are avowedly opposed to the objects of this and of kindred associations. They believe that the greatest impediment with which they have to contend is offered by the apathy of a large proportion of the profession. They exhort the members of this association, therefore, to continue their support to the objects for which it was founded, not doubting that in the end their perseverance will meet with its reward." (Applause.)

The report having been received,

Mr. T. M. Greenhow moved, "That a rule be made, requiring any member who shall wish to leave the association, to give a written notice to that effect to the secretary." On the subject of medical reform, Mr. Greenhow remarked:—It was a great many years since he became aware of the evils that existed in the state of the profession. He was, indeed, one of the first in this district to stand forward for the reformation of abuses; but the views which he entertained at that time were limited—were much less enlarged than those now prevailing in the country, and particularly in the association of which he had the honour of being a member. Still, even so far back as twenty years ago, he was strongly impressed with the disadvantages under which the general practitioner laboured, in consequence of the necessity which then existed, and which, he regretted to say, was not yet abolished, of furnishing medicines, and being obliged to make a charge for them in some degree adequate to his professional services (hear, hear). He thought, then, that this was not a creditable practice, and he had long wished that something might be done for its correction. The profession was rising in public estimation, in scientific attainments, and in usefulness and dignity, and he did hope that they would have secured to them by law, that direct and honourable recompense to which they are entitled, instead of being compelled to smuggle, in the shape of a bill for medicines, the remuneration of their valuable services (hear, hear).

Dr. De Mey seconded Mr. Greenhow's motion, and it was carried unanimously.

Dr. Knott moved:—"That, in the opinion of this meeting, the medical gentlemen of Carlisle have entitled themselves to the approbation and thanks of their professional brethren at large, by the unanimity and spirited conduct they have recently displayed in reference to the medical appointments in the Cumberland Infirmary." The example of Carlisle (Dr. K. observed) ought not to be thrown away, nor ought the medical profession of that city to go unrewarded by the approbation of their brethren in other parts of the kingdom. An infirmary had been established in Carlisle, the governors of which were non-medical, and the regulations of the institution had been framed without the concurrence of the profession. They had resolved on the appointment of a certain number of pure physicians and surgeons, although, in fact, there was not a pure physician in the city. There were fifteen medical men in Carlisle, thirteen of whom met, and adopted an address to the governors, to which were attached the names of six doctors of medicine and nine surgeons, offering to attend the infirmary gratuitously in rotation. In the mean time, one of the physicians of the city had qualified himself for appointment, by becoming a "pure," and his services had been accepted by the governors. The latter came to a resolution to waive their rule as to pure physicians, but as to the rotation system they demurred, and it remained *sub judice*. As to that system, there was reasonable ground of doubt; but undoubtedly it was a great evil, in cases of this kind, that medical men should be judged of by those who knew nothing of medicine, and yet who would exclude them for life from all connection with public charitable institutions, to the manifest injury of the excluded parties and of the public.

The resolution was unanimously passed.

Dr. Glover moved:—"That a committee be appointed to inquire into the system by which the public charitable institutions of this country are at present regulated, and to consider whether it can be improved."

Dr. Fife, Mr. Greenhow, and other gentlemen spoke to the resolution which was adopted, and a committee named.

Dr. Elliot said it was *con amore* that he suggested to them the introduction among their number, as honorary members, of gentlemen not belonging to the medical profession. The subject of medical reform had now been for a considerable period, and conspicuously, before the public; perhaps they might consider themselves compelled to admit that its progress had not been commensurate. That, however, they had not obtained, as yet, all they could desire, he thought they could trace out to a number of causes more than sufficient to account for it. The public had never yet appeared to take an interest in their proceedings. Indeed when they looked to the members of their own body, they found that notwithstanding many thousands were enrolled in the ranks of this and other associa-

tions for medical reform, still many thousands stood aloof. It would be improper to ascribe unworthy motives to gentlemen who had not hitherto connected themselves with them. In fact, it was to be presumed they had reasons for declining communion in this respect—such, perhaps, as had not yet been stated. Yet when they looked at the objects and motives of these reform associations, as they had already been given to the public in their printed reports, it was difficult to conceive why any man withheld his countenance from a cause which appeared so noble, and so fraught with utility to the human family. With respect, however, to the difficulties they had to combat, he thought that when they considered the extreme difficulty and magnitude of the work they had undertaken—when they remembered that their objects were, to explode quackery, and to remodel those institutions whose powers were originally intended for the benefit of society, but which had, in too many cases, been turned to very different purposes, or allowed to lie dormant,—they could sufficiently estimate the amount of active opposition they had to encounter. And when they looked at the general ignorance of the nature of their movement which prevailed among even the intelligent public, he thought they could sufficiently account, also, for the apathy which so generally existed. With respect to their title as medical reformers, it might probably be thought by the public that it was a subject with which they were not concerned. A glance, however, at several passages in the report they were about to publish, would be sufficient to undeceive them on that head. So far from medical reform being the especial business of medical men, it was simply an important, though sadly neglected, subject of state medicine. It was, in fact, an important branch of political economy; and one upon which their opinions, as medical men, ought to have no more influence with an intelligent public than the opinions of gentlemen not connected with the profession. It would be a work of supererogation for him to mention to them, or to recal, proofs of the advantages which would accrue to the public from the perfect and complete suppression of quackery. It might be thought by some, that their purpose was to seek a monopoly—that they were seeking, in fact, to esconce themselves behind the backs of other parties, and to put down all but members of their own body. In reference, however, to such an idea, it might briefly be said that they were simply wishing to put down a nuisance. Were they to apply their remarks to any other profession, or any other avocation, they would scarcely be required to call argument to their aid. Few would venture to contend, for instance, that the adulterer of the staff of life ought to be allowed to compete with the fair dealer in bread. It might be thought by some that the suppression of quackery might cause several valuable secrets to be lost. On that head, however, he should simply observe, that science disdained secrecy. In fact, it had always been, and he trusted always would be, the glory of the regularly-educated man to give to the world, in the most public way possible, whatever observations he might have been able to make in the practice of his profession, or improvements which he had to suggest. He begged to move, that it be an instruction to the council to consider the propriety of admitting certain lay-persons as honorary members of the association.

The resolution having passed unanimously,

Dr. Morrison made several observations to show that the anatomy bill had worked very inefficiently in providing an adequate supply of bodies to meet the purposes of science; and read a petition to parliament, which he had drawn up, recommending certain alterations in the measure, with a view to obviate the defects of which he complained.

After some discussion, it was resolved that the legislature should be petitioned on the subject, but that the petition remain over for the consideration of the council till the anniversary meeting of the association.

Mr. Carter now called the attention of the meeting to the two "Outlines of Plans for the Better Government of the Medical Profession," a copy of which had been transmitted to every member of the association. We give these "outlines," with some abridgement in the details:—

No. 1.

"An Examining and Licensing Board to be established in England, Scotland, and Ireland respectively, by one or other of which Boards all future candidates for medical practice shall be examined and licensed.

"The qualification required for such license to be determined by the three boards conjointly, and to be made uniform throughout each division of the United Kingdom.

"A Register to be preserved, and lists of names published, of all persons who are already practising with certain qualifications, and of all persons who may hereafter receive a license to practise.

"The professional body so registered, to be empowered to conduct its internal government by a representative council or senate, elected periodically.

"Degrees in medicine, and diplomas and degrees in surgery, to be conferred by the universities and colleges—the terms on which such distinctions are to be granted being equalised throughout the United Kingdom. No person to obtain a degree who shall not have previously obtained a license.

No. 2.

"A faculty, or corporation, to be established in England, Scotland, and Ireland respectively, of—1. Physicians; 2. Surgeons; and (in England, of) 3. Licentiates of the Apothecaries Company. [The latter faculty would terminate with the existing race of licentiates, as the Apothecaries' Company would not, according to this plan, be longer empowered to examine and license medical practitioners.]

"The Colleges of Physicians and Surgeons of London, Edinburgh, and Dublin, might form the nuclei of the two first-named faculties; and, under a new and extended arrangement, be designated the Colleges of England, Scotland, and Ireland.

"Every doctor of medicine, practising in either country with the degree of a British University, to be admitted on payment of a prescribed fee into the membership or fellowship of the College of Physicians of the country wherein he resides.

"A similar arrangement to prevail in regard to persons holding the diploma of a British College of Surgeons.

"Foreign degrees and diplomas not to be recognised unless obtained upon terms equivalent to those of this country.

"A register of the members of each faculty to be preserved, and copies thereof to be published at stated intervals.

"Each faculty to elect (periodically) a council or board of management.

"The council of each faculty, shortly after election, to make choice of ( ) names, which shall be submitted to the Secretary of State for the Home Department, who shall select (two thirds?) thereof, to form conjointly a General Council, in each division of the United Kingdom.

"Should lay-members be added? After carefu consideration it has been thought that advantages might arise from the addition of laymen to the councils.

"The general councils to be the governing medical bodies of each kingdom. They might serve also as

boards of reference for her Majesty's Government in matters relating to public health, medical police, &c.

"Boards of Examiners to be appointed in the three countries, by one or other of which, all future candidates for a license to practice shall be examined. The license to be granted by the general councils.

"The Universities of the United Kingdom to grant degrees in medicine; and the Colleges of Surgeons, diplomas or degrees in Surgery.

"No person to obtain a degree or diploma who shall not have previously obtained a license.

"A certain number of deputies to be appointed by each council, to meet at stated times and places, and to arrange the qualification for a license to practise, and the conditions on which degrees and diplomas in medicine and surgery shall be granted by the universities and colleges.

"The new order of licentiates in medicine to constitute a faculty, in each kingdom, with power to elect a council five years after its establishment. A given proportion of such council to enter into the composition of the general council.

"The Apothecaries' Company to be divested of power to examine and license medical practitioners. (It might be converted into a College of Pharmacy.)

"In addition to the general register, a local register to be instituted.

"Reciprocal privileges to be enjoyed by the qualified members of the profession throughout the United Kingdom.

"Every legally-qualified member of the profession to be enabled to recover, at law, any reasonable charge for his professionable services."

The consideration of these plans was postponed to the next general meeting, and the business of the day being over, the members adjourned to dinner, and having passed a most agreeable evening, separated for their several homes.

CONVENTION OF THE PHYSICIANS OF KENTUCKY.

A convention of the physicians of the state of Kentucky, was held at Frankfort on the second Monday in January last, for the purpose of organizing state and district medical societies. The convention adopted a constitution and by-laws, with a system of medical etiquette, and made a praiseworthy movement in relation to medical education, by the adoption of the following preamble and resolutions.

"Whereas, deficiencies are admitted to exist in the present system of medical education in the United States, impairing the dignity and usefulness of the profession; and whereas, the remedy for this evil can be effectually applied by those only who have the training of sudents of medicine: Therefore,

1. "*Resolved*—That no physician ought to receive, as a pupil, any young man whose capacity, morals and preliminary education are not such as to afford fair promise of his becoming a respectable and useful member of the profession.

2. "*Resolved*—That the period of study required of pupils by the American medical schools ought to be extended; and that an extension of the lecture term from four to six months would do much towards elevating the professional standard of the country.

"3. *Resolved*—That a convention of the teachers in the medical schools of the United States be earnestly recommended, to take into consideration the means of promoting these objects."—*American Journal of Medical Sciences.*

POOR-LAW INTELLIGENCE.

BANDON UNION.

The Guardians met on the 20th inst., and after the re-election of their late chairman and vice-chairman, (Lord Bernard and Hon. Captain Bernard,) the election of a physician and dispenser to the workhouse, was proceeded with, in pursuance of the resolution of the last board day.

Lord Bernard said, from his knowledge of the highly respectable gentlemen who composed the board, he had no doubt that the same zeal and intelligence, irrespective of any private feeling, which actuated them in former appointments, would, on the present important occasion influence them in selecting a well qualified gentleman for the office—one in fact whom they themselves could with confidence call upon to prescribe for their own families, and thus afford to the wretched inmates of the workhouse, the benefit of efficient medical treatment, when they needed it.

Six candidates presented themselves, two of whom Messrs. Hayes and Ormston, tendered their services conjointly, to perform the duties, for the same amount of remuneration decided on by the board for an individual!!—this, however, was overruled by the board, not being in accordance with the terms of their resolution, and advertisement. Messrs. H. and O. were then called into the board room, and offered the privilege of standing each on his own merits, to which they consented. The ballot was then entered on, when the numbers were as follow:—

Dr. Wood, ...	... 15
Mr. Tresilian, ...	... 5
Dr. Ormston, ...	... 0
—— Hayes, ...	... 2
Mr. Scott, ...	... 1
—— Magrath, ...	... 14

Dr. Wood was declared duly elected.—*From our private Correspondent.*

CORK UNION.

At the meeting of the board of guardians, held on the 18th inst., the Clerk read the following communications:—

"Poor Law Commission Office, Dublin,
11th Oct., 1841.

"Sir—The poor law commissioners transmit to you herewith a copy of an order of the House of Lords, dated the 4th instant., requiring a return relating to the execution of the vaccination extension act in Ireland; and they request that you will fill up and transmit to them, without delay, the accompanying return, in order that they may furnish the information required. If the particulars required cannot be furnished from documents which have been laid before the board of guardians, you are requested to obtain such of them as you cannot otherwise furnish, from the vaccinators.

"A form is enclosed on which you should make the return in duplicate.

"If no arrangements have yet been made by the board of guardians for carrying the act into effect in the Union, you are requested to state that fact.

"By order of the board,
"Arthur Moore, Chief Clerk.

"To the Clerk of the Board of Guardians."

Copy of an Order of the House of Lords, dated 4th October, 1841.

Ordered by the Lords Spiritual and Temporal in Parliament assembled—That there be laid before the house a return of the name of every union in Ireland in which the vaccination act has been carried into effect, specifying the name and qualification of the vaccinators, the number of persons vaccinated in each union up to the 1st September, 1841, and the sum paid, or contracted to be paid, in each, for vaccinating up to the same period.

"18th October, 1841.

"Gentlemen—With reference to your letter of the 11th instant, transmitting a copy of an order of the House of Lords, dated the 4th October, 1841.—I beg leave to state that no arrangements in this union

have yet been made by the board of guardians for carrying into effect the vaccination extension act.

"I am, gentlemen, your obedient servant,

"K. A. DEANE,

"Clerk to the Cork Union.

"To the Poor Law Commissioners."

The Chairman thought the answer given by the clerk quite sufficient.

SOUTH DUBLIN UNION.

At the meeting of the Board of Guardians, held on the 21st inst., Dr. Lees, one of the medical officers called the attention of the board to the arrangements of the infant department of the workhouse, which he described as bad in the extreme. In one hall used both as a sleeping and day room, thirty-seven nurses and forty-four infants are incarcerated during the greater portion of the twenty-four hours, and thus exposed to influences, which, as Dr. Lees justly remarked, must either consign these unhappy children to a premature grave, or render them so "scrofulous as to be a curse to themselves and a disgrace to the institution." The diet of the children, Dr. Lees also declared to be quite unsuitable, and stated that, as the result of these combined causes, his colleague, Mr. Shannon and he had in their *post-mortem* examinations of the children who died in the workhouse, 'almost invariably found scrofulous tubercles in the brain, the lungs, or the bowels.'

The chairman (Dr. Nalty) said, that they should determine not to admit any more deserted children.

Mr. Hall, (with the characteristic wisdom of an Assistant Poor Law Commissioner,) proposed that the evil should be remedied by *dividing the children's hall) of the scanty accommodation of which, Dr. Lees had complained,) into two rooms below and four sleeping rooms above.* '*This*,' *said Mr. Hall*, '*would make them very warm and comfortable. The only thing the Commissioners considered was, that that mode would cost about* £250 *for altering*.' Mr. Hall further stated, that it was the opinion of the Commissioners, that deserted children should be taken care of by the churchwardens of the several parishes. "It was totally impossible that deserted infants could be provided for in the workhouse. They could not pay the expence of nurses for them." [How admirably suited for the wants of Ireland is the Nichollian system!]

Dr. Lees then suggested the following dietary for the infant children, and Mr. Shannon (guardian) gave notice that he would move its adoption on the next board day; viz.:—

BREAKFAST.—Four days of the week, six ounces of bread daily, and half a pint of milk; the three other days, two ounces of rice and half a pint of milk.

DINNER.—Three days, half a pint of soup and one pound of potatoes daily, three days half a pint of milk and one pound of potatoes; Sundays half a pint of milk and four ounces of bread.

SUPPER.—Four ounces of bread.

If this diet were given to the children from two to five years of age, he would engage that they would turn out as healthy children as could be seen. The food at present cost them much more than it ought. By the dietary he suggested the young children would have good and suitable food, and at much less expense.

MEDICAL OFFICERS' SALARY.—The Chairman read the opinion of Sir H. Marsh, Bart., M.D., and Dr. Cusack, as to the present inadequate salary paid to the medical officers of the workhouse, which we published in our report of the proceedings of the board on the last day of meeting.

Mr. Mackay moved that the opinion of Sir Henry Marsh, Bart., M.D., and Dr. Cusack, should be adopted, and a request sent to the commissioners that they would comply with the recommendation of the board, to raise the salary of their medical officers from £60 to £100 per annum.

Sir Robert Shaw, Bart., seconded the resolution, and observed that the present salary paid to those gentlemen was totally inadequate, considering the heavy duties they had to discharge. He felt it his duty to vote for the increase of their salary.

Dr. Kirkwood coincided with Sir Robert.

The resolution was then put from the chair and passed unanimously.

The board then adjourned.

MEDICAL PRESS ADVERTISER.

The extended and regular circulation of the PRESS, both among professional and non-professional readers, as well as its permanent character as a scientific journal, and the certainty of its being preserved by its purchasers (unlike an ordinary newspaper), render it a medium for advertising well worthy of the attention of the public.—The following is the

SCALE OF CHARGES FOR ADVERTISEMENTS:

Ten lines, or under ...	...	£0	4 0
Every additional line ...	...	0	0 6
Half a Column ...	...	0	15 0
A Column, or Half a Page ...	...	1	2 6
A Page (two Columns) ...	...	2	0 0

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 27, 1841.

PHYSIOLOGICAL EXPERIMENTS IN THE SOUTH DUBLIN UNION WORKHOUSE.

The proceedings in the South Dublin Union reported in our present number, afford an interesting commentary on M. Coster's experimental researches on the generation of tubercular diseases, which we published last week; M. Coster experimented on the lower animals, and sceptical physiologists might doubt whether his conclusions were applicable to the human species; all doubt on that subject is, however, now removed, as the arrangements in the South Dublin Union workhouse, have given an opportunity of extending the investigation to the human subject. Mr. Nicholls, however, is no servile imitator, he did not confine himself within the strict conditions of M. Coster's researches: that experimenter merely examined the influence of a darkened locality, and of a cold damp atmosphere on the developement of tubercle, *but the animals so circumstanced*, "*were fed*" "*conformably to their nature and habits.*" In the South Dublin Union, however, the "*unhappy animals*," to use M. Coster's phraseology, were supplied with diet, which the medical officers "declared to be quite unsuitable." We think the medical officers have here fallen into a mistake, everything is suitable or unsuitable according to the point of view in which we examine it, and according as it is fitted to attain its intended end or the reverse. If Dr. Lees and his colleague meant to say, that the diet and anti-hygienic conditions of the pauper infants were unsuited to the preservation of their health, and the prolongation of their lives, we must admit that their opinion is perfectly correct, but if they meant to insinuate that the conditions in which these "unhappy annimals" were placed, were unsuited

for illustrating the great experimental question of the "developement of tubercular diseases," they were manifestly in error, as may indeed be collected from their own statements, Dr. Lees having said that the "unhappy animals" must be either consigned to a premature grave, or rendered so scrofulous as to be a curse to themselves. To this assertion, it might be objected, in this age of exact science, that it is merely theoretical and based on preconceived notions, as unfounded as that of the supposed nutritious properties of gelatine, an error now so fortunately exploded by another series of experiments on "unhappy animals." But the scalpel of the anatomist has removed every doubt, the unerring light of pathological anatomy has proved that the poor-law arrangements are admirably suited for the production of tubercular disease, as the *post-mortem* examinations of the children who died in the workhouse almost invariably led to the discovery of "scrofulous tubercles in the brain, the lungs, or the bowels."

So far it must be admitted, that the experiments in the workhouse of the South Dublin Union, have rendered good service to science; but we must enter our protest against Mr. Commissioner Hall's announced intention of protracting the experiment, and that under a modification which, though there is every reason to anticipate (if anticipations be justifiable in a purely scientific question) that it would demonstrate the possibility of producing tubercular disease, with yet greater rapidity than the plan hitherto pursued, has succeeded in effecting, would yet, we are bold to say, add after all but little to our existing stock of knowledge. In fact we must, to a certain extent, take things as we find them, and the most profound philosopher must pay some respect to popular prejudices, (a lesson which Mr. Nicholls and his assistants have yet to learn.) It is impossible to deny that experimental physiology, however brilliant its results, however valuable the additions it has made to our knowledge, is in bad odour with the vulgar, unlettered, and unphilosophical multitude. We even find that the ablest and most successful labourers in this difficult walk of science, have been compelled to respect this prejudice. Sir Charles Bell repeatedly dwells on his unwillingness to multiply experiments which popular prejudice might deem cruel, when once a definite result had been obtained. A celebrated professor ran a red hot iron along the exposed posterior or sensitive roots of the spinal nerves throughout the entire length of the spinal cord, but the object in view being attained, he did not repeat his experiment, which he himself designated as the cruellest that ever was performed, and at the time it might have been so. The commission on gelatine it is said, sacrificed during their ten years' labours about 12,000 dogs, but when a satisfactory result was obtained respecting each branch of their inquiry, no more "unhappy animals" were submitted to experiment. We would earnestly intreat Mr. Hall's attention to this point, for it is one which he would appear to have overlooked. That gentleman may remain quite satisfied with what has been effected; and if any one shall hereafter question the possibility of more hastily superinducing scrofula, by adding the conditions of a more confined space, and a less perfect ventilation to those already in operation in the workhouse of the South Dublin Union, it will be *then* time enough to subdivide the *one* already insufficient apartment, into *six* smaller ones. This proceeding would, it appears, also involve some expence, the sum of £250 was mentioned, and such an expenditure for such a purpose might be unpalatable. The British Association, for the advancement of science at its penultimate meeting, granted but £15 for purposes of experimental physiology, and at its last meeting, refused to allocate any funds in aid of the cultivation of this branch of science, we would seriously ask, then, is this the time to appropriate so large a sum as £250 in furtherance of such an unpopular pursuit.

TO CORRESPONDENTS.

If "Medicus" communicates with us in his own name, we shall be happy to afford him any information he may require.

OBITUARY.

On the 19th instant, at the Infirmary, Downpatrick, George Buchanan, M.D., the much-respected surgeon of that establishment.

In New South Wales, of consumption, eight weeks after his arrival in the colony, Thomas Ryan, M.B., Licentiate of the Royal College of Surgeons in Ireland.

In Paris, M. Cullerier.

REGISTER OF THE WEATHER.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Oct. 10,	58	49.5	29.450	.005
Monday	11th,	59.5	43.5	29.332	.170
Tuesday	12th,	55	44	29.450	.020
Wednesday	13th,	56.5	43	29.950	.004
Thursday	14th,	57	50.5	29.750	.070
Friday	15th,	58	49	29.758	.613
Saturday	16th,	55	46	29.450	.420
Sunday	17th,	56	47	29.366	.025
Monday	18th,	56	42	29.900	.080
Tuesday	19th,	53	37	29.872	.115
Wednesday	20th,	52.5	41	29.550	
Thursday	21st,	52	34 5	30.050	.190
Friday	22d,	47.5	38	29.850	
Saturday	23d,	52.5	46	29.100	.300

Just Published, Second Edition, enlarged and improved,
A TABULAR VIEW of the SIGNS furnished by AUSCULTATION and PERCUSSION, and of their application to the Diagnosis of Diseases of the Heart and Great Vessels.

By O'B. Bellingham, M.D.,
One of the Medical Officers of St. Vincent's Hospital, Lecturer in the Richmond Hospital School of Medicine, &c., &c.
Fannin and Co., Dublin. Longman and Co., London.

In the Press, to be Published November 1st,
ELEMENTS of MATERIA MEDICA, and PHARMACY. By O'B. Bellingham, M.D., Lecturer on Materia Medica, at the Richmond Hospital School of Medicine, one of the Medical Officers of St. Vincent's Hospital, and lately Chairman of the Pharmacy Court of Examiners of the Royal College of Surgeons in Ireland.
Edited by Arthur Mitchell, M.D., Lecturer on Botany, at the Richmond Hospital School of Medicine.
Fannin and Co., Dublin.

MEDICAL PRACTICE.

A fully qualified Practitioner, who has had Charge of a Dispensary in the Country for some years back, is desirous to obtain either a Medical appointment, or introduction to Practice in some large town or city in Ireland, for which "*Adequate Thanks*" would be given.
Further particulars may be learned on application to John Theophilus Boileau, Esq., Bride-street.

ARMAGH MEDICAL ASSOCIATION.

The QUARTERLY MEETING of the ARMAGH MEDICAL ASSOCIATION, will be held at the ARMAGH INFIRMARY, on TUESDAY, the 2d November, at the hour of TWO o'Clock, P.M.
By order,
A. ROBINSON, Secretary.
Armagh, October 21, 1841.

SCHOOL OF PHYSIC, IRELAND.

DOCTOR GREENE will Commence the Course of Lectures on the Practice of Medicine, on MONDAY, November 1st, at THREE o'Clock, in the Theatre, Sir P. Dunn's Hospital.

Certificates of attendance on these Lectures are received by the Universities of Edinburgh and Dublin, as one of those constituting an Annus Medicus.

KING'S AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

DR. MONTGOMERY will Commence his LECTURES on MIDWIFERY, and the Diseases peculiar to WOMEN and INFANTS, on MONDAY, November 1st, at FOUR o'Clock, P.M.; at which hour they will be continued during the ensuing Session.

Attendance on these Lectures is a constituent of an Annus Medicus, as required by the Universities of Edinburgh and Dublin; and is also received by the Royal Colleges of Surgeons in Ireland, and elsewhere.

Apply to Dr. Montgomery, 18, Molesworth-street.

SAINT VINCENT'S HOSPITAL, *STEPHEN'S-GREEN.*

The Winter Session for the attendance of Pupils on the Practice of this Hospital, will Commence on Monday, 2d November.

The Hospital, which is on the plan of the Paris Hospitals, contains near Eighty Beds, constantly occupied by Instructive Cases.

The Hospital will be visited daily at Eight o'Clock, A.M.

Clinical Lectures will be delivered twice a-week during the Session, and Clinical Instruction daily.

The Clinical Lectures are illustrated by a splendid Collection of Drawings and Preparations.

Connected with the Hospital is an extensive Dispensary, where abundant opportunities are afforded for the acquisition of Medical and Surgical knowledge.

Certificates of attendance on the Practice of this Hospital, are recognised by the Colleges of Surgeons in London and Dublin, London University, Apothecaries' Hall, Dublin and London Army and Navy Medical Boards, &c. &c.

Medical Advisers—First, J. M. Ferrall, Esq., M.R.I.A.; second, O'B. Bellingham, Esq., M.D.

Consultants—Sir Philip Crampton, Bart., F.R.S.; Sir Henry Marsh, Bart., M.R.I.A.

☞ Further Particulars may be learned by inquiring at the Hospital, during the hours of attendance.

RICHMOND HOSPITAL SCHOOL OF MEDICINE, *NORTH BRUNSWICK-STREET,* NEAR THE LINEN-HALL, DUBLIN.

The WINTER COURSE of LECTURES will Commence on TUESDAY, the 2d of November, at TWELVE o'Clock, when Dr. Power will deliver the introductory Lecture:—

Anatomy & Physiology—Dr. Power and Mr. Mayne.

Theory and Practice of Surgery—Mr. Adams, Mr. Smith.

Medical Jurisprudence—Mr. Nunn.

Midwifery and Diseases of Women and Children—Dr. Churchill.

Chemistry—Dr. W. Barker.

Materia Medica and Pharmacy—Dr. Bellingham.

Botany and Natural History—Dr. A. Mitchell.

Demonstrations—Dr. Power, Mr. Mayne, and Mr. Monahan.

This Institution contains two Theatres, and an excellent Museum, and is situated within a few yards of the Richmond Surgical, Whitworth Medical, Hardwick Fever, and Western Lying-in-Hospitals.

The rooms, into which gas has been introduced, are now open for Dissection.

CARMICHAEL PREMIUMS.

Six premiums will be awarded at the termination of the Course, to the best answerers in Anatomy and Surgery.

For further particulars apply to Mr. Adams, 11, Great Denmark-street; Dr. Power, 70, Harcourt-street; Mr. Mayne, 29, Grenville-street; or Mr. Smith, 62, Eccles-street.

ROYAL BELFAST ACADEMICAL INSTITUTION.

MEDICAL SCHOOL—SESSION 1841-42.

Anatomy and Physiology,	2 to 3	P.M.,	Dr. Drummond.
Demonstrations and Dissections,	12 to 1,	- -	Dr. Drummond.
Chemistry,	4 to 5,	- -	Dr. Andrews.
Midwifery,	3 to 4,	- -	Dr. Burden.
Practical Midwifery,	-	- -	Dr. Burden.
Materia Medica and Pharmacy,	11 to 12,	- -	Dr. Marshall.
Surgery,	5 to 6,	- -	Dr. Coffey.
Practice of Physic,	8 to 9	A.M.,	Dr. M'Cormac.
Botany,	-	- -	Dr. Mateer.

The Anatomical Lectures will commence on Thursday, 28th October, and the other Lectures on Tuesday 2d November. The Lectures on Botany, 2d February, 1842.—Attendance on the above courses is recognised by the Universities of London, St Andrew's, and Aberdeen—the Colleges of Surgeons, London and Dublin—the Faculty of Physicians and Surgeons, Glasgow—the Apothecaries' Halls of London and Dublin—the Army and Navy Medical Boards, and, for one Session, by the College of Surgeons, Edinburgh.

Attendance upon the Belfast Hospital and Practical Anatomy, for one Session, is recognised as an *Annus Medicus* by the Edinburgh University.

The Belfast Hospital, containing upwards of 150 beds, affords to the Students great facilities for Clinical instruction. Fee for one year's attendance at the Hospital *Two Guineas.*

JAMES D. MARSHALL, M.D.,
Secretary to the Medical Faculty.

October, 1841.

DUBLIN SCHOOL OF MEDICINE, PETER-STREET.

The WINTER SESSION will commence on MONDAY, 1st November, 1841, at Two o'Clock, P.M., when Dr. Woodroffe will deliver the introductory address.

Anatomy, Physiology, and Pathology—Philip Bevan, A.M., M.B., M.R.C.S.I.

Practical Anatomy and Dissections—E. Stoker, A.B., L.R.C.S.I.; C. J. Madden, L.R.C.S.I.

Theory and Practice of Surgery, and Operative Surgery—W. Auchinleck, M.R.C.S.I., Surgeon to Mercer's and Simpson's Hospitals; J. Woodroffe, A.B., M.D. L.R.C.S.I., late Surgeon to the South Infirmary, Cork.

Theory and Practice of Medicine—D. J. Corrigan. M.D., Physician to Jervis-street Hospital, to the Hardwicke Fever and Whitworth Hospitals.

Materia Medica and Therapeutics—J. Moore Neligan, M.D.

Botany and Natural History—Thomas R. Mitchell, M.D., L.R.C.S.I.

Medical Jurisprudence—C. O'Reilly, M.D. and Lic. K.'s and Q.'s Col. of Phys.

Midwifery and Diseases of Women and Children—R. L. Nixon, A.M., M.B., L.R.C.S.I., Surgeon to St. George's Dispensary; M.J. MacCormack, M.D., Master of the Victoria Lying-in Hospital.

Demonstrator—Richard Butcher, L.R.C.S.I. and M.R.C.S.L.

The Dissecting Rooms, lighted with Gas, opened on the 1st of October.

An extensive Museum of Anatomy, Pathology, and Materia Medica, is attached to the School.

At the termination of the Session, the Lecturers on Anatomy, Surgery, Midwifery, Medical Jurisprudence, and Botany, will give premiums to the best answerers in their respective classes, on conditions which will be duly announced.

Certificates of attendance at this School are recognised by the Universities of London and Glasgow; by the Royal Colleges of Surgeons, Dublin, London, and Edinburgh, &c.; Apothecaries' Hall, London, &c.; the Army Medical and Navy Boards.

☞ The Certificates on Practice of Medicine, Materia Medica, Medical Jurisprudence, Midwifery and Botany, are also recognised by the Apothecaries' Hall, Dublin.

ANDERSON'S UNIVERSITY, GLASGOW.

DR. M. S. BUCHANAN, Member of the Faculty of Physicians and Surgeons, Senior Surgeon to the Royal Infirmary, &c., will commence his Winter Course of Anatomy and Physiology, on Wednesday, 3d November, at Five o'Clock, P.M., and also his Course of Anatomical Demonstrations on Thursday, 4th Nov., at One o'Clock.

Fee for each Course, £2 2s.; for both, £3 3s.

The Saloon for Practical Anatomy (which is free to those attending either of the above courses,) will be open from Nine A.M. till Eight P.M., and communicating with which there has been added a Reading Room and Museum, for the use of the Pupils, without any additional charge.

Fee for Dissection of every part of the body or for a complete course of surgical operations, including the use of instruments £2 10s.; seperate parts of the body in the same proportion.

Certificates of attendance on the above courses, as well as those granted by all the Professors of this University, are received by all the licensing boards in the kingdom, and by those of the Army, Navy, and Hon. E. I. Company.

Parents and Guardians of Medical Pupils ought most attentively to remark the superiority of Glasgow in regard to supply and price of *Dissection* as above stated, and also as to *Hospital Instruction*.

The Royal Infirmary, a General Hospital, contains on an average four hundred and fifty patients, and the Fee for two years' attendance is only £7 7s., which includes two full courses of Clinical Medicine, and Surgery, each of six months' duration.

The annual number of Surgical operations averages 130. Forty-eight Dressers are yearly appointed without additional fee. The *post-mortem* inspections are performed in presence of the pupils, and there is also a Dispensary where upwards of seven thousand diseased poor annually receive advice, to the practice of which the hospital pupils are admitted gratis

THE RICHMOND SURGICAL, HARDWICKE FEVER, AND WHITWORTH MEDICAL HOSPITALS,

NORTH BRUNSWICK-STREET.

THE WINTER COURSE of Attendance and Clinical Lectures will commence on Monday, November the 1st., 1841, at Eight o'Clock, A. M.

The Richmond Hospital contains 120 Beds for Surgical Cases, and has distinct Wards for Venereal Diseases, and Diseases of the Eye. It has attached to it the Talbot General Dispensary, and the Truss Establishment for the relief of the Distressed Poor of Ireland; also, a well selected Medical Library, and a MUSEUM which contains an extensive collection of Morbid Preparations, Casts, and Drawings, illustrative of various diseases.

The Hardwicke Hospital contains 144 Beds for Fever cases. The Whitworth, containing 82 Beds, is appropriated to the treatment of other Medical diseases.

Two Surgical Clinical Lectures will be delivered each week by the Surgeons of the Hospital; and Two Medical Clinical Lectures, by the Physicians, Dr. Corrigan, and Dr. Greene.

The Medical Hospitals will be visited *daily*, at 8 o'clock, and the Surgical Hospital at 9 o'clock, A. M.

TERMS OF ATTENDANCE.

For the Winter Six Months, ... Seven Guineas.
For the Summer Six Months, ... Five Guineas.

In the immediate vicinity of these Hospitals is the Richmond Hospital School of Medicine, where regular Courses of Lectures are delivered on the several subjects of Medical Science.

For further particulars apply to the Surgeons, R. M. Peile, M.D., 43, York-street; R. Carmichael, M.R.I.A., Rutland-square; Edward Hutton, M.D., 29, Gardiner's-place; J. O'Beirne, M.D., 23, North Cumberland-street; R. Adams, A.M., 11, Great Denmark-st.; J. Macdonnell, M.D., 4, Gardiner's-row; or to the Physicians, Dr. Corrigan, 4, Merrion-square, West; and Dr. Greene, 14, Harcourt-street.

CITY OF DUBLIN HOSPITAL.

THE course of practical Medical and Surgical Instruction, in this Hospital, will commence on MONDAY, the 22d of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Apjohn, Dr. Benson, Dr. Houston, Dr. Hargrave, and Mr. Williams.

Clinical Lectures on Diseases of the Eye will be given by Dr. Jacob, illustrated by the cases, both intern and extern, which the Pupils of the Hospital will be privileged to attend without additional fee.

Dr. Marsh, the consulting Physician; Dr. Colles, Mr. Wilmot, and Mr. Porter, the Consulting Surgeons; and Dr. Beatty, the Consulting Accoucheur, give their assistance in cases requiring consultation.

The Certificates of Attendance are received as qualification by all the Colleges.

ORIGINAL SCHOOL OF MEDICINE, PETER-STREET, DUBLIN,

ESTABLISHED IN THE YEAR 1810, BY JOHN KIRBY, ESQ., L.L.D.

THE NEXT WINTER SESSION WILL COMMENCE 1ST NOVEMBER 1841.

Anatomy and Physiology—Dr. HAYDEN.
Theory and Practice of Surgery—Mr. TAGERT.
Operative Surgery—Dr. HAYDEN.
Practical Anatomy, &c.—Messrs. SAWYER and FORREST, with an Assistant Demonstrator.
Midwifery and Diseases of Females and Children—Dr. IRELAND.
Materia Medica and Therapeutics—Dr. EADES.
Practice of Physic—Dr. SARGENT.

Gas-light in the Anatomical Rooms as usual.

Particulars, with reference to the School and Anglesey Lying-in-Hospital, may be learned from Dr. HAYDEN, 32, Harcourt-street; Dr. HUMPHRYS, at the Hospital; or from any of the Lecturers.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The WINTER SESSION will commence on MONDAY, the 25th of OCTOBER, at ONE o'Clock, and terminate on the 30th of April, during which period the following Courses of Lectures will be delivered:—

Anatomy and Physiology, by . .	Dr. JACOB.
Practical and Descriptive Anatomy	Dr. HARGRAVE. Dr. HART.
Surgery	Dr. WILMOT. Mr. PORTER.
Practice of Medicine . . .	Dr. BENSON. Dr. EVANSON.
Chemistry	Dr. APJOHN.
Materia Medica.	Mr. WILLIAMS.
Midwifery, and Diseases of Women and Children.	Dr. MAUNSELL.
Medical Jurisprudence . . .	Dr. GEOGHEGAN.

The Anatomical Demonstrations and Dissections are conducted by the Professors of Practical and Descriptive Anatomy, assisted by the Demonstrators, Mr. Dillon, Mr. Leeson, and Mr. Labatt.

The Session will commence with a course of Lectures on Comparative Anatomy, by the Professor of Anatomy and Physiology.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

Students are requested to commence their business at the beginning of the Session, and to be prepared to attend the Lectures regularly, as the Professors are determined to insist on punctual attendance.

By order. C. O'KEEFE, Registrar.

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Wednesday, October 27, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXLVIII.] DUBLIN, WEDNESDAY, NOVEMBER 3, 1841. { PRICE SIXPENCE. STAMPED.

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ROYAL COLLEGE OF SURGEONS.

INTRODUCTORY LECTURE DELIVERED AT THE OPENING OF THE SESSION, ON THE 26TH OCTOBER, 1841,

By PROFESSOR JACOB.

It has been the custom for many years in this college to address the students at the commencement of the session, on the subject of their professional prospects and duties. Of this custom I have often availed myself to avert the evil consequences, which, in my opinion are to be apprehended from various causes calculated to operate injuriously on the rising generation; and I propose this day again to avail myself of it for the same purpose. Let no man tell me, that in so doing, I overstep the limits assigned me, or that I pervert my duties from their legitimate object.—Persons entrusted with the education of young men destined to become the members of such a profession as ours, are bound to do something more to effect this object than to walk into a lecture room, read a lecture, and then walk out again. It is this very notion that professors and lecturers have nothing else to do than to deliver their lectures, that has left the students so much without guidance or controul, and made them the victims of every passing occurrence. Be the consequences what they may, I propose, young gentlemen, to tell you a piece of my mind this day as to what you have to expect, and what you deserve according to the course you pursue in the progress of your education.

We have heard much about Medical Reform, and of the causes which so mischievously affect the interests of our profession, and I have myself contributed my share to the general stock of discussion on that topic. We have heard much of the abuses in colleges, and the delinquencies of medical corporations, and in my opinion not one word more than the truth. We have heard much about the misdeeds of examiners, the self-seekings of boards and councils, the negligence of professors, and the sins of omission and commission of hospital physicians and surgeons; but, young gentlemen! we have not heard one word about the idleness of medical students of their egregious folly in tumbling head over ears into the ranks of medical practitioners without information, skill, or sober habits of business—not one word about this most fertile source of mischief to the profession, into which they thus prematurely force themselves without any of the qualities necessary to maintain the character they assume. Whence this silence on a subject above all others, claiming attention from the medical teacher, as well as the medical reformer; whence this reserve, this timorous delicacy? Just from our fear of offending such influential patrons, or irritating such valuable customers. This fear it is now high time to overcome, its consequences having proved more injurious than the course it has suggested has been beneficial. If we, your instructors, do not point out your faults, and correct your errors, who shall do it?

The medical student is, unfortunately for himself, in consequence of the defective organization of the institutions for his education, circumstanced differently from all other students. He is subjected to no direct controul, confined to no systematic course of discipline. Removed abruptly, and often prematurely from parental or other authority, he is not transferred to any other system of government, but left to pursue whatever course appears to himself most desirable. Is it then surprising that, under such circumstances, he pursues a wrong course, or that surrounded by temptations he freely yields to them? The boy who never perhaps slept a night from beneath his father's or schoolmaster's roof, is suddenly transferred to the

metropolis, and an utter stranger to all around him, is left to chance for his guidance, and a prey to every one who can derive advantage from his inexperience. Reared in the enjoyment of every comfort, habituated to pure air and wholesome food, he is at once immured in a close apartment, and perhaps compelled to restrict himself to a scanty allowance of unwholesome food. The state, which has directly, or indirectly consulted the interests or studied the personal welfare of so many other classes, has never considered him, while the cupidity of individuals has not been stimulated to make provision for his wants, because a positive beneficial return is uncertain. This same boy, thus left to his own resources and ingenuity to provide for his physical wants, is left equally unprotected, and abandoned as to his moral and intellectual necessities. He may do as he pleases, and live as best suits his inclination; he has neither parent or tutor to controul him, nor collegiate discipline to restrain him. In the direction of his education, the same pernicious latitude prevails; he has, strictly speaking, no course of study laid down for him; he may attend lectures or not, as he pleases, and visit hospitals, or stay at home as best suits his comfort; all that is required of him is, to provide himself with certain certificates annually, and after some years of such inadequate probation to pass one examination. And yet, this is the system which, it is said, works so well, and which so many consider it a kind of sacrilege to disturb.

But to return to the object I have at present in view. While I thus assign some excuse for the sins of the student, I must use the only means I possess for preventing their commission in future. I must be permitted to try the effect of argument, persuasion, and even reproach, although such a lesson may be unpalatable. In this I only follow the practice of the day. The schoolmaster you know is abroad, and there is no reason whatsoever why you should not taste of his discipline, and like other people hear your faults recounted, if you have them not punished. Kings, queens, and princes, lords, ladies and gentlemen are lectured without intermission or reserve, and why should not you? You are not stocks or stones; age has not rendered you callous, nor practice rendered you obdurate. No, I have great hopes that an honest, sincere appeal to your feelings will not be thrown away, or an attempt to point out your real interests prove fruitless. Sober Englishmen reproach us Irishmen for the facility with which we yield to the persuasions of those who address us; but then, may not those persuasions operate as much for good as evil.—At all events, where it is the only resource it should be made available, and for my own part I have great reliance in it. Early impressions are strong and indelible.

> " Quo semel est imbuta recens servabit odorem
> Testa diu,"

which may be translated, " teach the medical student what is right and honourable, and you you will make him an upright physician or surgeon." At the same time I must confess I have my misgivings as to the effect of attempts to move you by appeals to your feelings of right or wrong, or by efforts to point out your true interests. I in common with many others, have been as much surprised as disappointed at the apathy exhibited by you, while matters which so nearly concern you, have been the subject of universal discussion, at the total absence of all enthusiasm, during a period above all others calculated to elicit a display of your feelings.

You understand what I am alluding to; you see that I am expressing my regret at the cold indiffe rence with which you have viewed the recent strug-gles for the attainment of objects, to you, above all others, likely to prove beneficial. In a word, you must perceive that I reproach you for your neutrality, if not something worse, while others are actively engaged on your behalf. But I beg your pardon. Perhaps, if the truth were known, you are as well inclined as others, to avail yourselves of the comforts of a bad system; perhaps you are as ready to accept a diploma on easy terms as others are to grant it. In other words, perhaps medical students require to be reformed as much as the institutions provided for their education. For example, it is said that if certificates of attendance on lectures, hospitals, and dissections, are granted to students who have not earned them, or diplomas to those who are not entitled to them, there must be found students willing and anxious to accept such vile substitutes for the genuine proofs of exertion and competency. It is also said, that if examinations are so badly managed, that skilful artists can disguise counterfeits, so as to pass them off as genuine, there must be found counterfeits to be so dealt with. If colleges exist where authorities to practice medicine and surgery are granted to persons who know nothing about the matter, there must be forthcoming purchasers for such damaged wares. If false evidences of exercises be accepted without question, and forged documents passed over unnoticed, there must be some one ready to avail himself of such discreditable resources. In a word, the abuses complained of in the medical institutions could not exist if there were not to be found those who are prepared to take advantage of these abuses, and thus I think I have so far proved, that you, young gentlemen! are yourselves, after all, a principal cause of the mischief. Do not suppose that I am bantering you; the parties assailed for the malpractices to which I allude, actually lay it all at your door. What would you have us do, say they, when charged with granting diplomas to the ignorant; they will go to the next college for them sooner than lose the time, labour, and money necessary to become learned. We would most gladly enforce a proper system of education, and require efficient examinations, but the students will not come near us if we do, and our rivals will pocket their money. In other words, they say, reform the students and you reform us.

Now what should all this teach you? Should it not at once convince you that you have little to rely upon but your own exertions and determination to secure professional success. You must have a diploma, of your own drawing. Rely upon it the public have learned the truth of our great satirists couplet, that

> " Worth makes the man, and want of it the fellow,
> The rest is all but leather or prunello."

In other words it is skill, experience and knowledge which makes the physician or surgeon, the diploma " the leather or prunello," is only so much evidence that he has passed the general muster. Lawyers establish their claims to admission into their profession by evidence of a brief attendance at the places where instruction may be found, but no one employs lawyers because they have served certain terms; they must afford better proofs of capacity to attorneys and clients before they are entrusted with the preservation of people's characters, properties, or lives. The culpable facilities afforded for obtaining diplomas in medicine or surgery, have now placed you in exactly the same predicament. A degree is now considered little better evidence of proficiency, than a certain number of dinners at the inns of court; and although I may be nothing the better for saying so, I venture to express my opinion, that it is no better evidence. On a former occasion, here, many years ago, I reminded my audience of the practical sarcasm of that scourge of the quacks and knaves of his day, the celebrated Rabelais, and as it is to the point, I will briefly re-

peat it to you. Passing through a town where one of those colleges existed which give diplomas to students on easy terms, he sent down the usual fee from his inn to the heads of the institution, for a degree for one Dominus Caballus, which, having obtained, as some of you may now, he hung it round the neck of his horse, the Dominus Caballus, for whom he had purchased it, and rode triumphantly out of the town. Now I do not mean to assert that a man can actually obtain a medical degree, or a surgical diploma for a horse, but assuredly he can for an ass, and if any such candidate for medical honours be present, let him look to it. Now you will say I am only joking, but I can assure you I am not, but telling you sober truths, in sober earnest. It is a positive fact, capable of proof before any tribunal, that young men, ignorant as horses, can at the present day obtain medical degrees and surgical diplomas. You must, therefore, I repeat it, make degrees and diplomas for yourselves, by accumulating proofs of actual and judicious study, while pupils, and affording evidence when you come to practice, that you know something more about disease than like a parrot, to repeat words put into your mouths. Rest assured, that the day has arrived when making a long face, or shaking an empty head, will persuade people to part with their money.

Now answer me this. Suppose you went to sea in a boat, and that when you lost sight of land, you discovered that the man at the helm knew nothing of the use of the compass before him, and very little of the rudder in his hand, what would you do to him? Just what a man should do to you if he found you powerless, before a spouting artery, or strangulated hernia, or paralyzed, before a patient in the worst stage of typhus, or cholera, throw him overboard: and so, as sure as you sit there, the public will throw you overboard if you do not bring something better than musty certificates and fusty diplomas with you, when you embark, or if you do not afford better proof of capacity than gabbling the common place crammed into you as a preparation for examination. But you have to answer a much more serious question. Suppose the bleeding man dies of hæmorrhage, or the sufferer from hernia of gangrene, or suppose the man in typhus, or cholera, sinks before your face, and all from your wickedness and folly in undertaking that for which you were unfit, to the exclusion of some competent person; what should then be done with you? I don't pretend to say what you have to expect in another world, but if you be allowed to escape with transportation, in this, you are very well off.—You see I do not mince the matter with you, nor refrain from risking offending you, in order to drive you to consider your position, and to entertain a proper sense of the awful responsibility you incur when you presume to undertake the charge of preserving people's health and lives, or averting disease and death. Of all the impostors on the face of the earth, the worst is the medical impostor, who has the wickedness and audacity to pretend to cure diseases when he knows in his heart that he is utterly incapable of doing any such thing. Such a fellow evidently has expunged the sixth commandment from his copy of the decalogue. Those who are acquiring a proper knowlege of their profession by legitimate means, and who are determined to refrain from commencing to practice before they acquire the requisite information, may feel inclined to think that I am making too indiscriminate a condemnation of the present system and practices, but they need entertain no apprehensions on that head. The more the matter is inquired into, the better for them.

You will now, however, naturally ask, what it is that you are to do to enable you to earn your bread honestly by the practice of medicine or surgery. As a guiding principle, just never forget that the ultimate object of all your labours as students, is to treat diseases and injuries when you become practitioners. You must it is true, learn much, which may not appear essentially necessary to that end; but this one essential object you must attain, or else all your labour will prove in vain. This practical knowledge is not, however, to be acquired by mere observation of the practice of others. If you relied on that alone, you should devote much more time than you usually do to your education, and after all find that it had been insufficient to afford you an opportunity of studying disease, even in its commonest forms. The principles upon which your superstructure of knowledge is to be founded, must be acquired, not only to make your practical lessons intelligible; but to fall back upon when your stock of practical information is exhausted. It must be obvious to you, for instance, that if you have to treat a case of pneumonia or hepatitis, you must know what a liver and a lung is, and hence the necessity of anatomical knowledge. But you may know the structure of these organs, and yet be unacquainted with their use in the animal economy, and hence the necessity for physiological information. You may be acquainted with the structure and functions of the lung or the liver in man, and yet be possessed of but very meagre information, as to the respiratory or hepatic function in general, unless you have studied the pulmonary and hepatic organs in all their varied forms and modifications in other animals, and hence the necessity for a knowledge of comparative anatomy. Who could write, speak, or think correctly upon the subject of respiration, unless he knew something of the organization and functions of the leaves of plants; the branchial fringes of worms, certain mollusca, and the larvæ of some reptiles; the gills of crustacea, and of some mollusca, and fishes; the great-celled lungs of reptiles; the body-celled respiratory mechanism of birds, up to the small-celled lungs with diaphragm of mammalia and man. A person can reason but badly, as to the injurious effects of impure air or imperfect circulation of it, unless acquainted with the composition of the atmosphere and the changes it undergoes in respiration; and therefore he must possess a knowledge of chemistry. Disease is to be relieved or removed by remedies, and the composition, qualities, and effects of these remedies constitute the branch of medical science called materia medica, which you must also be acquainted with. If matter should be effused into the cavity of the chest or respiration obstructed by inflammation of the larynx, you must be a surgeon to relieve your patient. If you have to give an opinion as to the cause of a man's death under suspicious circumstances, that opinion must be founded on a knowledge of the subjects taught under the title of medical jurisprudence; and if you are to assist a man in his first efforts to make his way into this weary world, you must learn something of midwifery.

Now the question is, how is all this information to be acquired? Every one agrees that a knowledge of the symptoms, probable progress, and termination of a disease, can only be acquired by actual observation of the disease itself, and this the student can only make in the hospital, although many young gentlemen seem to think the contrary, if we may judge of the value they seem to attach to to this species of instruction. No tongue can describe, no artist can depict disease; it must be seen, felt, heard, aye and in certain cases, even smelled or tasted; in other words, it requires the assistance of all the senses to attain a correct knowledge of its nature; yet how many of you let slip the opportunities afforded you of acquiring this knowledge during your brief, shamefully brief, application to it as students. Of all the complaints I hear

of the negligence and idleness of sudents, there are none so loud and long, as those respecting their disregard of hospital instruction: it is the subject of universal regret, with those interested in their welfare. The public, as if anticipating the manner in which you conduct this part of your education, call this method of studying disease by observation of the sick, walking an hospital; and truly they could not give the process a more appropriate name. Some indeed, I think very wisely, dispense even with this substitute, and remain in bed, while their fellow-students are thus employed, and they may be said to sleep the hospitals, while others, who do go there, spend their time in conversation, and may be said to talk the hospitals. Be this as it may, I repeat, with the hope, that the information, may correct the evil; that want of attention to hospital practice, is at present the fault most complained of by instructors; and I can tell you, that it is a fault they are determined to correct.

It is somewhat the practice of the present day, to undervalue the instruction given in the shape of lectures, because forsooth, it is observed, that people give lectures who know nothing about the subject, they propose to teach: as well might they argue that we should not eat bread or drink water, because bread and water are sometimes very bad. Arguing against the use of a thing, because it is liable to abuse, is very absurd. It is I admit a very bad practice to compel a student to attend lectures, and at the same time, to make no provision, that such lectures shall be delivered by competent persons, with adequate means of instruction; but is this other example of the imperfections of the present medical system, to be held sufficient to suppress this mode of instruction. In two ways at all events, oral instruction appears essential. When accompanying demonstration is necessary; or where information is valuable as the confidential communication of a practical man. I rather think that anatomy is after all most easily learned, from the demonstrative lectures of an experienced teacher, than from any book? In the one case the object is described in every possible way, and made intelligible, both to the eye and ear; in the other it is but once explained, and although assisted by plates, the description falls far short of the demonstration. Who shall venture to say, that chemistry can be learned without apparatus or exhibition of experiment, or that materia medica and pharmacy can be taught without exhibition of specimens, or display of the effects of mixture. All that can be said on the practice of medicine, may it is true, be put in a book, but I can tell you a practical man, having a character at stake, will be cautious as to what he prints. Believe me such a man will tell you about things in his lecture-room, which he will not trust to paper. He dares not openly record his doubts, his errors, and his deficiencies, but he will freely admit them in the warmth of discussion; that is, if he has a head or a heart, which can be warmed to candour; moreover, men who are above the little petit-maitre-ism of the day, do not choose to be annoyed by the booksellers, reviewing boys, or ridiculed, because they do not worship the fashionable meteor of the season. Surgery never was, and never can be learned from a book; much of it is to be taught by demonstration, and more, as I have said of the practice of medicine; by the confidential communications of practical men. Some will tell me, I argue as a tradesman, and that I merely endeavour to prove like the currier in the fable, that "there is nothing like leather;" if you think so, you must only put your vade-mecum in one pocket, and your anatomy-made-easy in the other, and with your grinder at your back, prepare for an examination only. How far parchment evidence of practical skill may prove available to you, time only can tell.

The real objection however to instruction by lectures is obviously the expense they entail. A strange notion has gone abroad, that men should not pay for their education, and that when educated, they should not be paid for their professional labour. The one indeed appears to be a natural consequence of the other. If a person refuses to expend his money for the acquisition of knowledge, I cannot see how he can reasonably expect money for imparting that knowledge to others. We hear a great deal of the heavy taxes levied on students, but the real cause of complaint is, the small amount of expenditure necessary to obtain admission into our profession. The entire sum required for instruction in the schools and hospitals, does not exceed fifty pounds, and that small sum is divided over four or five years of study. If the authority to practice medicine and surgery was obtained, at a greater expense of time and money, we should not find poor-law commissioners tendering six-pence as a fee for vaccinating a child, or about two shillings a-day for acting as physician, surgeon, and apothecary to a poorhouse. For my own part, I cannot perceive what claim any one has on me to impart the knowledge I have acquired to them, without an equivalent, and you may all rely upon it I will not do it. I do believe that the difficulties under which many members of our profession labour, are owing to a feeling which medical men have themselves fostered. Every one seems to think that their services may be had gratuitously, and that they are grateful for employment on such terms, because they so frequently find them tendering them either without prospect of any remuneration, or for such inadequate remuneration, that it cannot be looked upon as a real payment for labour done. Hence, the ungenerous, unjust, and impolitic rule of the political pettifogger, to obtain such services by competition contracts, and to consider that medical assistance best for the poor, which can be obtained on the lowest terms. I repeat that all this has arisen from the course we have ourselves pursued, and I have now, therefore, to combat and repudiate the principle, in its application to the business of education.

There is another method of conducting your education, which I cannot overlook, because the evils it engenders are becoming every day more remarkable. Instead of looking forward to the practice of your profession, your whole attention is engrossed by the examination you have to go through; and as it is very difficult to make that examination an epitome of the knowledge you should possess, your entire devotion to the matters it embraces, is often destructive to your education. Experience has proved that the facility of passing an examination may be more easily acquired, than by severe and protracted study, and you have learned that it is easier and safer to reply to questions by previously prepared answers, than by extempore explanations, derived from a general stock of knowledge. Instead, therefore, of learning to describe disease from observation in your hospitals, or the anatomy of parts from dissection, demonstration, or lecture, you endeavour to acquire the art of appearing to possess knowledge, of which you are really deficient. This art you learn from an instructor, now forming one of the numerous corps provided to assist you in your studies, the private examiner, irreverently called a grinder in Dublin, and in London a crammer. Now, I am not one of those who object to this method of condensing and arranging information, because, if pursued in conjunction with the other more essential exercises, it is often very useful, if not absolutely necessary; but when it is resorted to as a substitute for every thing else, nothing can be more pernicious. It is a well established fact, that this art is now brought to such perfection, that a man, espe-

cially a clever one, can be so tutored, that he shall return satisfactory answers to questions relative to subjects, of which, in practice, he is comparatively ignorant; but it is equally well established, that if this same artificially-prepared candidate is brought to the bed-side, or to the operation table, he is utterly powerless. If you avail yourself of such assistance, let it, therefore, be for the purpose of aiding you in your general studies, and not for the purpose of relying on it exclusively. Apply to some gentleman in this department, who will consult your real interests, and adapt his particular instruction to the general instruction you are receiving from others, but shun as you would any other tempter to ruin the mere selfish greedy grinder, who, to suit his own convenience and purposes, entices you from your hospital practice, dissections, and lectures, to his murky den, there to substitute his vile question and answer, for legitimate and valuable information.

I must here conclude what I have to say on these topics, reminding you that I have given you but a very hasty sketch of the evils which attend the defects I have enumerated in your system of education. I hope you will take in good part all I have said, and believe that it is offered with a sincere desire to serve you. I should not, perhaps, have spoken so plainly, did not present circumstances demand such freedom. Formidable diseases require active and unpalatable remedies.

MEETINGS OF SOCIETIES.

ACADEMY OF SCIENCES.

PARIS, OCTOBER 11.

EXPERIMENTAL RESEARCHES ON THE FUNCTIONS OF THE LARYNX, AND ON THE AGENTS THAT CLOSE THE GLOTTIS DURING DEGLUTITION, VOMITING AND RUMINATION. BY M. LOUGET.

THE epiglottis has always been regarded as destined to close the larynx, during the passage of solids and fluids from the mouth to the pharynx. Previous to 1813, however, no physiologist thought of excising the epiglottis to ascertain what functional disturbance would thence result. M. Magendie then performed the experiment, and states that deglutition was in no way impaired, not even that of liquids, which in common with solids, could not enter the larynx, because of the occlusion of the glottis, an occlusion already observed by the two Albinus's, Ferrein, Haller, Gotlieb, Ludwig, and others, and which must depend, it is said, on the contraction of the intrinsic muscles of the larynx. My experiments on dogs and sheep appear to justify the following conclusions:—

The cavity of the larynx (surmounted in the mamiferæ by the epiglottis) is a kind of vestibule to which solid or liquid aliment can only penetrate by surprise as it were; if its mucous membrane, accustomed to the contact of air alone, be touched a violent convulsive cough is excited.

In the second period of deglutition, this vestibule, which tends to close itself laterally, is shut inferiorly by the contact of the base of the tongue, and of the epiglottis, and below by the apposition of the chordæ vocales.

Several causes then prevent the introduction of solid or liquid aliment into the air passages. 1. The ascent of the larynx forwards, combined with that of the tongue backwards, its base being partly applied on the superior orifice of the larynx. 2. The epiglottis which follows the motion communicated to it by the base of the tongue, and is thus thrown over the upper opening of the larynx. 3. The occlusion of the glottis. 4. And lastly, the exquisite sensibility of the mucous membrane of the sub-glottideal cavity.

Are these several protective contrivances of the same importance? Is their concurrence indispensible to deglutition? And are some of them essential to the deglutition of liquids, but not of solids? These are the questions which I have endeavoured to illustrate experimentally.

I must first state that my experiments have demonstrated an interesting fact, which it appears has not been hitherto suspected by physiologists, viz., *during the second stage of deglutition, the occlusion of the glottis is effected, after all the proper muscles of the larynx have been paralysed;* whence it results that the motions of the glottis during deglutition seem to be independent of those which it executes during respiration. In the experiments which led to this result, I excised (in four sheep and six dogs) both recurrent nerves, and of the superior laryngeal nerves the internal branch and the filaments of the crico-thyroid muscles alone, leaving untouched those of the inferior constrictors of the pharynx. The trachea was then freely opened immediately below the cricoid cartilage, so as to allow of my observing the complete closure of the glottis at each effort of deglutition: this closure equally occurred during vomiting, in dogs, into whose veins I injected tartar emetic. In no instance did any food during the act of deglutition find access to the trachea.

On investigating the cause of this occlusion, after the paralysis of the muscles of the larynx, I discovered that it was not owing to the action of the thyro-hyoid muscles, which I moved, but to the influence of the inferior constrictors of the pharynx, which, embracing the divergent alæ of the thyroid cartilage, compressed them towards each other at each motion of deglutition, and approximated the borders of the glottis.

We have now to determine experimentally the relative importance of the causes which prevent the entrance of alimentary substances into the air passages.

A. *Ascent of the Larynx forwards, conjoined with the change of position of the Base of the Tongue.*—On considering how I could abolish the very complex motions produced by such a number of muscles, I saw that I must divide the sublingual nerves, the motor branch of the fifth pair, the branches of the facial, which supply the styloid muscles and the posterior belly of the digastric, the pharyngeal branch of the spinal, which chiefly supplies the superior and middle constrictors, and finally the four laryngeal nerves, which send filaments to the inferior constrictor. I was consequently obliged to abandon an attempt so difficult, admiring, however, the multiplied precautions adopted by nature to prevent, so far as regarded *this one provision*, the occurrence of so serious an accident as the entrance of aliment into the air passages. I was enabled, however, partly to prevent the ascent of the larynx, by firmly confining it below, and to impede the motions of the base of the tongue, by drawing that organ forward by means of a ligature passed through its apex. The deglutition of a very soft alimentary bolus, placed in the isthmus of the fauces, was then very difficult, and was followed by a cough—severe, but not so much so as in animals deprived of their epiglottis.

B. *Use of the Epiglottis in Deglutition*—The *complete* excision of the epiglottis in six dogs showed that though solids pass readily in its absence, *such is not the case with respect to fluids, the swallowing of which causes a convulsive cough.* Whence does this difference arise? Solids aided in gliding over the base of the tongue by the mucus which covers the organ, leave no trace of their passage behind; but such is not the case with respect to liquids; on the contrary, the drops of liquid which trickle after deglutition along the inclined plane, formed by the base of the tongue, of

necessity fall into the glottis, and are expelled by a violent cough: the epiglottis then acts as a dyke, which directs the liquid in two streams, one at each side of the larynx. It is easy to see that such a function does not require the epiglottis to be in a perfect condition, and that the contradictory results derived from pathological or experimental observations depend on the more or less complete destruction or excision of the epiglottis.

C. *Influence of the Sensibility of the Sub-glottideal Mucous Membrane.*—Its importance may be proved as follows:—1. If the recurrent nerves and the filaments of the crico-thyroid muscles be cut so as to paralyse all the internal muscles of the larynx, while the internal laryngeal branches, which preside *exclusively* over the sensibility of the mucous membrane be left intact, nothing passes into the trachea when the animal drinks; or if a few drops fall into the larynx, they are rejected by coughing. 2. But if the sensitive nerves be divided, although the glottis remains closed, as in the preceding case, yet occasionally some drops of liquid are seen to pass into the trachea, for the animal not being warned of the presence of the liquid, the glottis sometimes does not close, till after the liquid has passed; or the animal, in place of expiring, inconsiderately inspires, and thus facilitates the entrance of the foreign body into the air passages.

D. *Importance of the Closure of the Glottis, during the second period of Deglutition.*—Closure of the glottis is not indispensible to prevent the introduction of solids, or even of liquids, *provided the latter be ingested with great precaution.*, for I have seen animals swallow, while I kept the glottis open with a forceps, and yet nothing entered the trachea.

Conclusions.—1. The ascent of the larynx forwards, and the displacement of the base of the tongue, are the conditions essential to the protection of the air passages.

2. Mammiferæ, the epiglottis being excised, swallow solids without inconvenience; but that organ is necessary to direct, in two lateral streams at each side of the larynx, the drops of liquid which, after deglutition, flow along the inclined plane of the base of the tongue.

3. When liquids or solids pass the glottis by surprise, the special sensibility of the mucous membrane causes their expulsion by coughing.

4. The closure of the glottis is not indispensible during the second period of deglutition.

5· The closure of the glottis is effected after the paralysis of the internal muscles of the larynx; whence it would appear that the motions of the glottis in deglutition are independent of those which it executes during respiration.—*Gaz. Med. de Paris.*

October 18.

EFFECTS OF AN IMPERMEABLE COATING APPLIED ON THE SKIN.

M. Breschet read in his own name, and that of M. Becquerel, a memoir on the temperature of the organic tissues of several of the mammiferæ, especially rabbits, whose fur had been removed, and the skin covered with an impermeable coating, composed of glue, lard, and rosin. Several experiments on the temperature of venous and artificial blood accompanied the memoir.

According to the authors of the memoir, animals when shaved, and covered with the coating which prevents transpiration, die of asphyxia. They endeavoured to determine experimentally the variations of temperature that occurred in the animals from the time of the application of the coating 'till death. It appeared natural to suppose, that the prevention of evaporation and transpiration, should very sensibly augment the temperature of the tissues, and that this elevation of temperature of the entire body should develope an intense fever, which should cause the death of the animal. The contrary effort was, however, produced. Thus, the temperature of the first rabbit submitted to experiment, was previous to the experiment 38°, but as soon as the coating had been applied and became dry, the temperature of the muscles of the thigh and that of the thorax was only 32°. An hour subsequently, the temperature fell to 24.5. In another rabit more carefully prepared, the temperature as soon as the coating had become dry, was only 3° above that of the atmosphere, which on the day in question was 17. An hour afterwards the animal died. The experiments on the temperature of arterial and venous blood, were performed by placing small thermometers in the auricles of the heart, the results were constant; the temperature of the left auricle being always some fractions of a degree higher than that of the left.—*Gazette Medicale de Paris.*

ACADEMY OF MEDICINE.

October 12.

AMPUTATION OF THE LEG AT THE LOWER THIRD.

M. Velpeau read a report on a memoir, by MM. Arnol and Martin, on amputation of the leg at the lower third, compared with amputation at the place of election.

The history of amputation of the leg, above the malleoli might, M. Velpeau said, be divided into two periods, one terminating at 1840, the other extending from that period to the present time. Formerly limbs were only amputated because of mortification, and the line of demarcation guided the incision. It was not till after the discovery of the ligature of arteries, that surgeons could choose a place of election. A. Parè fixed the place of election at five fingers breadth below the knee, and that rule has been observed during three centuries, almost without exciting discussion, though some surgeons have from time to time asked if the practice was not rather the result of routine than of a rational theory.

Lowdham first alluded to amputation above the ancle joint in 1679.

In 1684, Van Solingen formally recommended amputation of the leg inferiorly.

Verdicin discussed in 1684, the comparative merits of the two methods, and spoke of the artificial leg and its advantages.

Ravaton said that the leg should be amputated as low as possible, and speaks of one of his patients who, having been thus operated on, was able to walk and follow a laborious occupation.

In 1740, Bromfield operated in this way for gangrene of the foot, and the patient subsequently walked so well, that it was difficult to distinguish which limb had been amputated.

Whyte performed this operation in 1769 with such perfect success, that the patient walked extremely well, though assisted by an artificial limb very imperfectly constructed.

Alanson and B. Bell, both praised this operation and have seen the stump cicatrised in a very short time, even in sixteen and twenty-one days.

Vacca Berlinghieri amputated low down whenever circumstances permited it.

In 1829 Salemi published a memoir on the subject, but cited no new cases.

In 1831 I myself stated, that the operation at the lower part of the leg was less dangerous than that performed at the place of election; and that it was not proved to be impossible to construct artificial limbs,

which would enable the patient to walk without inconvenience, and with little deformity.

Notwithstanding such a number of authorities, and the testimony of the numerous cures performed, this operation is still rejected by many of the highest authorities of the present day; and almost all provincial practitioners, following the errors of their masters still exclusively amputate the leg at the place of election.

MM. Arnol and Martin, establish the following propositions in favour of amputation low down.

1. It is performed more quickly and easily than the ordinary operation.
2. It is less painful.
3. It is more rarely followed by gangrene of the flap, so common after the ordinary method.
4. It is less likely to be followed by secondary hæmorrhage.
5. The traumatic fever is milder.
6. Cicatrisation is more speedy.
7. Hospital gangrene is therefore less likely to occur.
8. There is less likelihood of a conical stump.
9. Purulent absorption occurs less frequently.
10. After recovery, accidents from general plethora are less apt to occur, and the patient has free use of the limb.

MM. Arnol and Martin maintain, that none of the objections to the method have any real foundation. It is an error to say that it produces necrosis of the tendons, infiltration of pus, or that the limb is less convenient in locomotion.

MM. Arnol and Martin, have collected 97 cases of the operation, 87 of which completely succeeded. The deaths therefore were but 1 in 10, whilst Dupuytren says, amputation at the place of election incurs a mortality of 1 in 4. The objection of surgeons to the operation is perhaps due to the difficulty of obtaining a suitable artificial leg, which it must be owned, is a serious inconvenience.

We shall now examine each of the propositions above advanced.

The operation low down is certainly more easily and quickly performed, the difference is not however so great as MM. Arnol and Martin suppose. The steps of each operation are equally numerous, and the dissection of the skin is certainly a more delicate proceeding, than the section of the muscle in amputation near the knee.

The same may be said respecting the comparative pain of the two operations.

As to gangrene of the flap, MM. Arnol and Martin say, that they have often observed it to occur after amputation at the place of election. They must, no doubt, allude to the ulceration of the skin, which sometimes occurs opposite to the anterior angle of the tibia, but this is an unimportant event. On the other hand, gangrene is not so rare as they suppose, after the operation inferiorly. I have myself seen it occur in 3 out of 10 cases, in which, however, there were undoubtedly peculiar circumstances that may explain the occurrence.

As to hæmorrhage, it does not seem to be more common in one case than in the other.

The traumatic fever is usually very moderate after amputation low down.

Consecutive inflammation and suppuration are not less likely to occur in the proposed operation, as I had several occasions of observing.

The cicatrisation is certainly more rapid; we may generally calculate on its being completed in 20 or 30 days.

As to hospital gangrene, there is no difference between the two operations.

A conical stump or necrosis, are events now a-days of such rare occurrence, that it would be difficult to determine after which of the two operations they would be most likely to occur.

Phlebitis and purulent absorption is *infinitely* rarer after the amputation low down; I observed it but once in 10 cases.

The stump generally resists fatigue as well as after amputation at the place of election, and sympathetic pains are not more common. As to the consecutive plethora, it is not an element in calculating the comparative merits of operations.

As to the mortality after the operation at the lower part of the limb, MM. Arnol and Martin have probably underrated it, the results of my own practice, and that of some of my confreres, seem to fix it at 1 in 7 or 8.

The manipulation of the operation presents some difficulties in the dissection of the skin, and in rendering the bony surfaces perfectly equal. The operation also incurs the danger of angio-leucitis, of inflammation of the tendinous sheaths, of purulent infiltration, &c. The consecutive contraction of the muscles of the leg may keep the limb flexed, an event rather advantageous than hurtful after the ordinary operation, but which could be easily remedied by tenotomy.

The real advantages of the operation are of two kinds.

1. There is less risk of life, the re-action is less, and the cure is more prompt.
2. The use of the knee is preserved, which renders locomotion more perfect, and diminishes deformity. But this latter advantage can only be obtained by means of an apparatus very complicated, very costly, and difficult to be procured, or even repaired in the provinces.

M. Gimelle said that after the Russian campaign, 30 or 34 soldiers were admitted to the Hotel des Invalides, whose legs had been amputated above the ancle. They all sustained extreme pain in the stump, and obstinate ulcers formed on the cicatrix; in fine, 22 of the number determined to submit to amputation at the place of election, to get rid of their sufferings. One individual, whose surgeon refused to operate, tore the stump with his nails, in order to reduce it to such a state that his wish must be complied with. Such results must throw much doubt on the superiority of the method praised by M. Velpeau. It is said that it causes less re-action, but could five or six inches more or less produce much difference? Numbers have been appealed to, I do not dispute their accuracy, but I can adduce still happier results from the ordinary method. M Pasquier at the Hotel des Invalides, amputated 34 legs, without losing a single patient.

M. Larrey was astonished that M. Velpeau who had displayed such erudition, had not alluded to the history of his campaigns. He would have seen in the recently published volumes, the case of a general whose leg was amputated at the lower part. He might also have have seen that of 10 amputations at the place of election, 8 or 9 did well. After amputation low down, we cannot expect a rapid cure, because before the wound can close, the extremities of the bones must be rounded off. It is also followed by necrosis more frequently than any other method, because of the spongy texture of the divided bones. It may succeed in young persons, for every operation is successful with them, but in adults the results will be unfavourable.

M. Velpeau replied, that the operation at the place of election destroyed the function of the knee, which caused an unpleasant halt in walking, and when the patient sat, the limb projected in an unsightly manner. By the new method the motions of the knee

were preserved, and it could not be denied that that was an advantage. The operation too was less dangerous. M. Gimelle indeed had said that not one patient was lost in 34 amputations after the old method; M. Velpeau could only say, that events turned out differently in other hospitals. Nothing could be more dangerous than general conclusions from a small number of cases. Thus in the campaign of Algiers, of 29 patients whose legs were amputated at the place of election, 24 died, but immediately after, and under the same circumstances, 19 survived out of 20 cases. At the Hotel Dieu of Lyons, and of Paris, 4 deaths in 10 or 11 operations, is considered a very fortunate result. This is an important point, for surely it is something to diminish the mortality by one-half. M. Martin's apparatus undoubtedly enabled the wearer to make most satisfactory use of the limb; five of M. Velpeau's patients by its aid walked so well, that it could be scarcely imagined that their legs had been amputated, and one lady was even able to take part in a quadrille. M. Velpeau however admitted, that if the patient was not rich enough to purchase the apparatus, or even if his occupation compelled him to stand much, the amputation at the place of election was probably preferable.—*Gazette Medicale de Paris.*

SOCIETE DE MEDECINE PRATIQUE.

TRACHEOTOMY IN CROUP.

M. Duperthuis stated he had performed tracheotomy on a child labouring under croup, there was a temporary amelioration, but the symptoms soon became aggravated, and the child died.

M. Guersent, said that he frequently performed this operation, but with the utmost repugnance and against his own judgment. The amelioration of the symptoms which follows the operation, continues but for a few hours, or at the utmost a few days; the respiration then becomes laboured, and the circulation accelerated, and after death, which soon occurs, traces of pneumonia are discovered. In reply to *M. Fouquier* who enquired how many children had survived, and how many had died after the operation, *M. Guersent* stated that *not one* of his patients had survived, M. Trousseau, however, had been more fortunate, as he had nine recoveries in one hundred cases of operation. Could the bad success of the operation depend on the debility of the patients? might it not be better practice to apply fewer leeches, and to perform tracheotomy sooner? M. Duperthuis had asked whether a canula might not be dispensed with, and whether we could trust to the passage of air to keep the wound open? The canula was, however, necessary as in its absence, the lips of the wound tended to approximate. M. Trousseau suddenly lost one of his little patients in consequence of the canula having escaped.

M. Nauche was of opinion that the operation would be more successful, if after its performance we persevered in combating the original or any subsequently arising affections. The operation he thought was not a curative one, it only retarded the fatal event, and gave a short respite of which advantage should be taken. The operation *per se* was not dangerous.

STRABISMUS.

M. Guersent stated that he had satisfied himself that in strabismus, the vision of the distorted eye is impaired; and that after the operation its power is augmented, in clearness and extent. He had failed in but 3 of 48 cases. It was right, however, in stating the advantage of the operation, to allude also to its disadvantages. Three or four of his patients had double vision for some months after the operation. In one case the affection returned after the lapse of five months; he performed the operation a second time, and he must acknowledge unsuccessfully. Sometimes the operation is tedious and troublesome, as many muscles have to be divided. In one case the eye operated on, became amaurotic, but this affection disappeared after some time.

M. Guillon had recently seen a patient, on whom M. Phillips had operated a year since; the strabismus was recommencing, the eye being drawn upwards. And yet this had been one of the most successful cases of M. Phillips, who acknowledged that the operation failed in 25, out of 100 cases. We should therefore be very circumspect before we come to any positive conclusion as to the value of the operation.—*Gazette des Hopitaux.*

DUBLIN HOSPITAL REPORTS.

STEEVENS' HOSPITAL.

REMOVAL OF A CANCEROUS TUMOR FROM THE EYE-LID—RHINOPLASTIC OPERATION.

Edward Duffy, aged 50, was admitted into Steevens' Hospital, September 14, 1841, under the care of Mr. Cusack, for a cancerous wart, which occupied the external third of the upper lid of the right eye—this, it was stated, had commenced about six months previously, in or immediately under the skin, close to the cartilage. He could not say, if it had been moveable under the skin, or had any character which could lead to the supposition of its having been originally an encysted tumor. It spread upwards and laterally, without pain or hæmorrhage, until it arrived at its present size. It is now almost circular, elevated above the surrounding skin, and irregular on the surface. The conjunctiva lining the upper lid, is slightly vascular, and hardened, opposite the wart—this hardness extending further on it than on the skin of the lid. The eye-ball is quite healthy. The operation for its removal was performed by Mr. Cusack: the diseased part was included in two incisions, which removed nearly half the lid, and almost met at the eye-brow—two parallel incisions were then made of an inch and a half long, upwards and outwards—one the continuation of the internal incision already made, the other from the external canthus. The flap included was about an inch wide, and being dissected from the tissue beneath, was drawn down to occupy the place of the extirpated part, where it was maintained by five gold pins, and points of interrupted suture, with adhesive plaister, about two drachms of blood were lost in the operation.

3d Day—The superior wound was united—some points of the inferior one were also united, but elsewhere it discharged matter, though in small quantity—the conjunctiva of the sclerotic was slightly inflamed, and there was some discharge of pus from between the lids, which was increased by pressure on the flap. The sutures were removed with the exception of two, one at the canthus, and the other that which kept the corner of the flap in contact with the cut cartilage. The parts were supported by plaister; and ointment applied to the lids twice a-day, to prevent their adhesion.

9th Day—The union of all the parts had taken place—the edge of the new part of the lid was becoming rounded, and covered with the finest granulations—the patient could separate the lids of this eye to one-half the extent of the opposite one—the inflammation of the eye had nearly subsided. His occupation in the country requiring his personal attendance, he left the hospital; his recovery not complete, but with every prospect of its being so in a few days.

ST. VINCENT'S HOSPITAL.

FUNGOID TUMOUR OF THE ORBIT—OPERATION.

Reported by T. P. Wilkinson, L.R.C.S.I., &c.

Eliza Culloden, ætat xij, admitted 16th of August, under the care of Mr. Ferrall. A large irregular tumour occupied the superior and internal portion of right orbit, extending from the internal to within four or five lines of the external angle; above, it overlapped the superciliary ridge, below, it displaced the globe of the eye, so that the centre of the cornea was nearly $\frac{3}{4}$ of an inch below that of its fellow, and protruded considerably; anteriorly it was lobulated, and presented two elevations, the superior much the larger, was elastic to the touch, with a feeling of fluctuation. The integument was of a dusky red hue, and traversed by several large veins, except on the larger of the eminences, where the tint was yellow. The colour of the tumour was limited below by a well defined line, beneath which, the skin covering the superior tarsal cartilage, presented a perfectly natural appearance. Vision was slightly impaired, and she frequently saw red and white clouds floating before her. The motions of the eye were simultaneous with those of its fellow, and free, except in the direction upwards. Two years had elapsed since the tumour was first perceived; she had no pain in it, and was perfectly healthy in every other respect.

The growth of the tumour and dislocation of the eye having been progressive, it was determined in consultation to attempt excision, although its fungoid nature was more than suspected. From the circumstance of the inferior third of the eye-lid being healthy, Mr. Ferrall gave it as his opinion, that this could be effected without interfering with the globe, the morbid growth being situated external to the tunica vaginalis occuli.

On the 28th of August, Mr. Ferrall proceeded to operation in the presence of a number of medical gentlemen, amongst whom were Sir P. Crampton, Drs. Wilmot, Bellingham, Forrest, Wilkinson, &c., &c.

A semi-lunar incision was made immediately under the superciliary ridge, extending the entire length of the tumour, and the integuments carefully dissected off, so as to expose its anterior surface. A strong ligature was then passed through it, by which it could be easily drawn in any direction. Its remaining connections were now more easily separated with the handle of a scalpel, except in one point, posteriorly and superiorly, where it was firmly attached to the periostium of the roof of the orbit, this was broken through with the finger, and the mass removed; some hard granular portions still adhered, which were separated with the finger, and carefully removed, leaving no trace in the orbit of its late occupant, except some roughness of the membrane, from which it had grown. The roof of the orbit presented several distinct depressions in the bone, corresponding to the lobules of the tumour. The wound was brought together by three points of suture, and water dressing applied.

A section of the tumour presented a pulpy mass, with bloody spots scattered here and there over its surface.

Some slight erysipelatous inflammation supervened, which was easily subdued, and union by the first intention took place in a considerable portion of the wound. About the centre, however, it suppurated, and some granulations of an unhealthy character appeared: these were touched with lunar caustic, and in a few days the wound was completely healed.

She was allowed to remain in hospital until the 18th of September, in order to observe the case. She was then in good health and free from uneasiness of any kind. The eye was rapidly resuming its natural situation, and the freedom of its motions—vision was perfect—the cicatrix was free from induration.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS.

35, Roscommon-st., Liverpool.
Oct. 26, 1841.

Sir—Should the following case be considered worthy a place in your periodical, I shall feel obliged by its insertion.

I am, Sir, yours very respectfully,
J. NOTTINGHAM,
Late House Surgeon to the Liverpool Infirmary.

DIVISION OF THE TENDO-ACHILLIS FOR THE RELIEF OF PERMANENT ELEVATION OF THE HEEL AFTER INJURY TO THE KNEE-JOINT.

John Blackie, a native of Scotland, age 49, a millwright, formerly strong and healthy, never having suffered from any indisposition before. On the 25th April, 1840, was caught by the shaft of an engine, and violently dashed in different directions, when his right thigh was broken, a little below the middle of the bone, and at the same time the left knee met with serious injury; for, from its present aspect, it would seem that fracture, both of the femur and tibia, near to their articulation, had taken place.

From the patient's account, the fracture of the thigh and injury of the opposite knee were treated in the usual way, from the time of the accident, in April, to the beginning of the following October. He says that a bone-setter was then sent for, who told him that the limb, being shorter than the other, would require to be broken over again, and afterwards extended and kept of its due length. He submitted, and disruption of the newly-formed callus was effected. He was afterwards kept in bed with splints on the limb, and was not able to resume his crutches before the month of January, 1841.

The fractured thigh is now firmly and well united, and on that side he only complains of stiffness of the knee-joint, the motion of which is very limited.

The left knee is bowed outward from the effects of the injury it had received, and, like the other, its motions are very much confined.

The left heel is raised from the ground, which he can only touch with the toes.

Of this latter condition he complains greatly, and appears to think that if he could, by any means, get this heel to the ground, he should be much relieved.

When he stands erect, and is viewed from behind, the knees are about six inches apart, and the left heel raised to about three inches from the floor. He says that standing is easier when the right heel is also raised.

It appeared to me, and to my friend Mr. Ashcroft, that division of the left tendo-achillis would be the means most likely to afford partial relief in this case; and nothing could be more obvious than the propriety of performing any operation which might be followed by beneficial results, the patient, since the time of the accident, being altogether deprived of any mode of gaining a livelihood, and suffering now from a degree of lameness rendering his future prospects almost hopeless.

October 13.—I divided the tendo-Achillis above the left heel.

October 25.—He can now walk about the room, and place both feet flat upon the floor, and thus far is much improved by the operation.

In some cases, after disease of the hip or knee-joint, where the heel has been permanently raised, either from long-continued irritation, producing a normal contraction of the muscles, or as the effect of a position long maintained by the patient for the sake of ease, I have found division of the tendo-Achillis to be followed by most beneficial results, letting down the heel and enabling the patient to place his feet side by side. The weakness following the operation is not so great or so long-continued as might be anticipated; nor is the unnatural position of the head of the femur or anchylosis of the hip-joint a barrier to its benefits.

ON ACETUM CANTHARIDIS.

BY M. DONOVAN, ESQ.

A paper has recently been published in the Pharmaceutical Transactions, by Mr. Redwood, which appears to contain some important information. It is on vesicating applications, and chiefly on acetum cantharidis. This preparation, he observes, and I fully agree in the observation, is frequently complained of, as uncertain, and sometimes ineffectual in its operation. "The acetum cantharidis prepared by houses of the highest standing, and who profess strictly to follow the formula of the College, is generally found to be deficient of that vesicatory power that would entitle it to the appellation of a speedy or instantaneous blistering application, and hence it often fails."

Mr. Redwood is of opinion that it is the acetic acid which exerts all the energy possessed by acetum cantharidis, and that the cantharides have nothing to do in the matter. This novel opinion he supports in the following manner:—He procured various samples of acetum cantharidis, prepared at various establishments in London, and subjected them to the following experiments. Portions were evaporated to the consistence of an extract, and the remains of the acetic acid were washed away by a little water, or were removed by saturation with an alkali. The extracts were then applied to the surface of the body for many hours, but without any effect. Some acetum cantharidis was mixed with an equal quantity of ether, and occasionally agitated for twelve hours. The ether being decanted off, was allowed to evaporate spontaneously. A few drops of oil being mixed with the residuum, it was applied to the skin for twelve hours, but no effect ensued.

These experiments were repeated several times with the same result. They seem to indicate that acetic acid, of the strength ordered in the pharmacopœia, is not a solvent of cantharidin. In order more completely to determine the point, some pure cantharidin was prepared according to Robiquet's process. *It was found to be insoluble in acetic acid.* Again, the residue of the flies, after the preparation of acetum cantharidis, was digested in ether; the ethereal solution was evaporated; and the residual green oil applied to the skin. *In fifteen minutes a blister was raised.*— It is therefore evident that acetic acid is not a proper menstruum for exhibiting the acrid principle of the blistering fly, and that when acetum cantharidis acts as a vesicatory, the effect is not attributable to the cantharides.

The inference to be drawn from these experiments is, that in the preparation of acetum cantharidis, the useless portions of the fly are dissolved in the acetic acid, while the active ingredient is thrown away. It is, therefore, the acetic acid that blisters; and when we consider that the acid directed in the pharmacopœias is but moderately concentrated, we are at no loss to understand how it happens that, although the ratio of cantharides used in the preparation of different specimens, may be the same, the vesicating power may be different. The acetic acid employed is sometimes too weak to act upon the less sensitive class of persons: nay, so exactly balanced may be the power of the liquid blister with the sensitiveness of the skin, that the acetum cantharidis which this day acted well, may, tomorrow, when there is some difference in the state of the person, fail to act at all. This, I have in several instances, known to be the case. Two of these cases are striking. I prepared acetum cantharidis, according to the formula of the Dublin pharmacopœia. Some of it I gave to Dr. Croker, who caused it to be applied to the head of a gentleman requiring its use: it acted perfectly. In some weeks after, more of the same specimen applied to the head of the same gentleman totally failed. Another portion of it was applied to the shoulder of a lady, under the instructions of Dr. J. Moore Neligan, and succeeded perfectly. In a week or two after, more out of the same bottle was applied a few inches lower down on the same shoulder, without any effect. Being informed of this, I digested the same acetum cantharidis on a new portion (equal to the original) of cantharides; when filtered it was applied to the same surface, and totally failed. These trials, all made with the same acetum cantharidis, are very striking, and appear to prove that the success of the preparation made according to the pharmacopœial formula, depends as much on the state of the patient as on the efficacy of the blister.

This lady appearing to require and to be a fit subject for a more active preparation, I prepared a quantity of acetum cantharidis, according to the formula of the Edinburgh pharmacopœia, using a still stronger acetic acid than is there directed. This liquid being applied to her shoulder in the usual manner, acted with very considerable energy, raising a complete blister in a very short time.

The greater efficacy of this blistering liquid, must have depended on the greater strength of the acetic acid, aided by the power of the euphorbium: unless it be true, that the stronger the acetic acid, the more efficacious solvent of cantharidin it becomes. This, however, is not likely; for in Mr. Redwood's experiments, the acetic acid employed, weaker it is true than mine, was absolutely destitute of any solvent power on cantharidin: a little increase of concentration could scarcely influence its solvent power so much, as to produce a great effect on the skin of a person little sensitive to its agency.

The experiments of Mr. Redwood are important. They warn the physician not to rely on this preparation, where the circumstances are emergent; and they acquit the apothecary of blame, which hitherto often undeservedly attached to him, when the expectations of the physician were disappointed.

REVIEWS AND NOTICES OF BOOKS.

TIC DOULOUREUX, OR NEURALGIA FACIALIS, AND OTHER NERVOUS AFFECTIONS; THEIR SEAT, NATURE, AND CAUSE. By R. H. Allnatt, M.D., A.M. London, 1841.

Dr. Allnatt's theory of the cause of the formidable malady, which has been the subject of his inquiries, will be conveyed by the following passage:—"Facial neuralgia and disorder of the chylopoietic viscera, almost invariably co-exist and it is often exceedingly difficult, nay almost impossible, to determine, from the statement of the patient himself, which may have been the primary affection. I have scarcely ever seen a case which was unaccompanied by dyspeptic symptoms. Some of these may have been obscurely developed, but I am firmly of opinion, from observations which I have been enabled to make, that Tic Douloureux, or facial neuralgia, arises in every instance from an unhealthy condition of the digestive appa-

ratus." The modus operandi of the disorder of the chylopoietic viscera in producing neuralgia, Doctor A. conceives to be, by exciting irritation in the great ganglionic centre, the effect which is frequently evinced at the origins of the expanded sentient nerve in direct communication with the sympathetic."

In accordance with these views the treatment recommended by Doctor Allnatt, is a free use of aperients and especially of croton oil, a plan which he has found to be of 'unfailing efficacy.'

THE PRESENT STATE OF AURAL SURGERY, being the substance of a lecture delivered at the Royal Dispensary for diseases of the ear. By J. HARRISON CURTIS, Esq. London, 1841.

This pamphlet contains a sketch of "the most important information relative to diseases of the ear," which Mr. Curtis was enabled to collect during a recent visit to the medical establishments of Germany. This important department of medicine has been too long neglected in this country, and we hail with pleasure any attempt to attract the attention of the profession to the advances that have been made in aural medicine, by our continental brethren. We are glad to find that Mr. Curtis denounces the quackeries which have lately been broached respecting catheterism of the Eustachian tube, and that most egregious of humbugs, the alleged cure of *throat deafness* by excision of the tonsils and uvula.

PRINCIPLES OF GENERAL AND COMPARATIVE PHYSYOLOGY. By WM. B. CARPENTER, M.B. Second Edition. London, 1841.

We have already (see MEDICAL PRESS, vol. I. p. 44.) recorded our opinion as to the merits of Dr. Carpenter's work; and it gives us pleasure to find that our judgment has been confirmed by the public, as is now demonstrated by the demand for a second edition. The author informs us, in his preface, that he has carefully revised the new edition, and "especially in the parts which concern the origin and formation of the tissues; on which obscure subject, the researches of Schwann, Schleiden, and others, have shed an entirely new light, and also in the history of the early processes of animal development, which has been recently elucidated by the laborious researches of Dr. Barry." It would, of course, be out of place for us to enter upon any critical examination of an elementary work; we must, therefore, recommend Dr. Carpenter's second edition to the favour of our readers, wishing it all possible success.

BOOKS RECEIVED.

Nouvelles Publications de M. Le Docteur Jules Guerin.

Essais Sur la Méthode Sous-cutanée, Comprenant deux Mémoires Sur les Plaies Sous-cutanées des Articulations; Précédées d'une introduction Historique sur L'origine et la Constitution de Cette Méthode; in 8vo.

Mémoire sur L'intervention de la Pression Atmosphérique dans le Mécanisme des Exhalations Séreuses; lu à l'Académie royale des sciences, le 13 Janvier, 1840; in 8vo.

Mémoire sur L'étiologie Générale des Déviations Latérales de L'epine par Retraction Musculaire active; lu à l'Académie royale des sciences, le 23 Septembre, 1839; in 8vo.

Memoire sur un cas de Luxation Traumatique de la Seconde Vertebre Cervicale, datant de sept mois, et reduite par une Methode Particuliere; in 8vo., avec planches.

Recherches sur les Luxations Congenitales; exposées dans les conférences cliniques du 29 Janvier et du 3 Fevrier, 1841, à l'hôpital des Enfans malades; in 8vo.

A Treatise on the Nature, Causes, and Treatment of Erysipelas. By Thomas Nunnelley. 8vo. pp. 307. London, 1841.

ROYAL COLLEGE OF SURGEONS.

On Monday, 25th ult., the president, officers, and several members of the Royal College of Surgeons, waited upon his Excellency the Lord Lieutenant, and presented the following address:—

"*To His Excellency Thomas Philip Earl de Grey, Lord Lieutenant General and General Governor of Ireland.*

"MAY IT PLEASE YOUR EXCELLENCY—We, the President and members of the Royal College of Surgeons, have unanimously agreed, in College assembled, to wait upon your Excellency to congratulate you upon your arrival in Ireland, and to assure you that we are much gratified at having an opportunity afforded us of thus expressing our feelings of respect.

"We have also determined to assure your Excellency that we shall at all times be prepared to contribute, by every means in our power, toward advancing the welfare of the public service in our particular department, and that we shall be glad to receive from the government such suggestions as it may think proper to make, to enable us to carry this our determination into effect.

"We are anxious to avail ourselves of the present occasion to solicit, most respectfully, the attention of your Excellency to the state of the medical institutions of this country, and to express a hope that you may be pleased to extend to our profession that protection and support which, from its public services, it is entitled to claim.

"T. RUMLEY, President."

His Excellency returned the following answer:—

"GENTLEMEN—I am grateful to you for your good wishes and congratulations upon my arrival in this country.

"I have no doubt of the sincerity with which you declare your readiness to advance the welfare of the public service in the branch of the profession with which you are connected.

"The very high reputation already enjoyed by the medical and surgical schools of this country, and the distinguished professional character of those who have been educated in them, afford an ample confirmation of it.

"I shall have much pleasure in directing my best and most serious attention to anything which can advance the honour and interests of the profession."

ASSOCIATION OF MEDICAL OFFICERS OF HOSPITALS FOR THE INSANE.

The first annual meeting of this Association will be held at the Nottingham Lunatic Asylum, on Thursday, the 4th of November inst. A series of resolutions, defining the objects of the Association, were adopted at a preliminary meeting, held at Gloucester, on the 29th July last, from which we extract the following:—

"That an association be formed of the medical officers attached to hospitals for the insane, whose object shall be—*improvement in the management of such institutions and the treatment of the insane, and the acquirement of a more extensive and more correct knowledge of insanity.* That the medical gentlemen attached to hospitals for the insane, be individually addressed, and requested to join the association.

"That, by the members of this association, the terms *lunatic*, and *lunatic asylum*, be abandoned, ex-

cept for legal purposes, and that the terms *insane person*, and *hospital for the insane*, be substituted.

"That to effect the great objects of this association, visits be made *annually* to some one or more of the hospitals for the insane in the United Kingdom; and that the order of rotation in which such visits shall be made, be determined at the several meetings.

"That the concurrence of the governors of the several hospitals to this arrangement be solicited by the respective medical officers.

"That at its meetings the association ascertain and record, as far as possible, the medical and moral treatment adopted in each hospital.

"That to ensure a careful comparison of the results of treatment in each, it is strongly recommended that uniform registers be kept, and that tabular statements, upon a like uniform plan, be circulated with the annual report of each hospital; or, where this be not practicable, that it be otherwise transmitted to the association.

"That, at the meetings, papers and essays be read; subjects of interest to the insane and to the association be discussed, and information communicated; and that a copy or minutes of these be preserved on the journal of the association.

"That, at the annual meeting, the senior medical officer of the hospital visited, be chairman.

"That a secretary be appointed to keep the journals, papers, &c., of the association, and to perform the usual duties of such officer."

POOR LAW COMMISSIONERS REPORT ON THE MEDICAL CHARITIES OF IRELAND.

The *Clare Journal*, justly characterises this absurd document as a desperate effort on the part of the Poor Law Commissioners, at furnishing an excuse for the attempt, (which is obviously in their contemplation) to vex the country by a continuance of their quasi services, and by the intolerable burthen of their enormous salaries. The following remarks of our contemporary are so true, that we gladly transfer them to our pages:—

"But the commissioners have made one notable discovery which had escaped all former enquirers and reporters on this subject, namely, that all those establishments should be handed over to the Poor Law Commissioners. We have never objected to the appointment of a public board or body for exercising a general controul over the medical charities of this country, and we believe that the public generally and the medical Profession are anxious for such controul and supervision, but we distinctly charge the reporter of the commissioners with want of candour, with a palpable *suppressio veri* when he announces it as the "wish of the Commissioners that the Local Boards, for managing the medical charities, should be under the control and inspection of some superior board or authority," without adding at the same time that this controling power or authority should NOT be vested in the Poor Law Commissioners. We have learned the opinions of many of these local boards, and we do not hesitate to state that they were unanimous in deprecating the control of the Poor Law Commissioners, and we challenge the reporter to adduce the example of a single local board which coincided in the opinion of the reporter which "is highly favorable to any legislation that would give the Poor Law Commissioners a controlling authority over the funds" of the medical charities. No—these boards have had too much experience in the capricious and arbitrary exercise of power which the Poor Law Commissioners have exhibited towards the Boards of Guardians, and although they do not object to the existence of this power they do not choose to see it placed in such unsafe hands, and the reporter could have so declared if he were disposed to tell the *whole* truth. We were simple enough to imagine that the experience furnished by the utter failure of the Vaccination Extension Act in the hands of the commissioners, would have taught these functionaries that they were ignorant of, and unsuited to the management of medical affairs, and would have checked them in their arrogant attempts to seize on the medical charities; but they seem to pay but little attention to such lessons, perhaps they are not even aware that small pox prevails at this moment to a frightful extent in many parts of this county, in Feacle, Tubber, Inagh, &c."

MEDICAL REFORM.

The *Medical Gazette* proposes to solve this important question, by the appointment of 'a central council of revision for medical affairs,' the mode of constituting which, our contemporary lays down as follows:—

"It should consist of seven persons in all:—four medical men, two laymen, and one *ex officio* member, viz., the Secretary of State for the Home Department for the time being. The two lay members should be nominated by the Crown absolutely, and the four professional members by the Crown also, but out of a list of eight agreed to by the principal corporations and universities of the three kingdoms, and by them submitted for the choice of the Crown. The appointments to be for life, and all vacancies to be filled up in the same manner as the original appointments. As the meetings of the council would not be frequent (probably twice in the year would be found amply sufficient) the professional seats might, without prejudice to the regular avocations of medical men, be open to practitioners residing in the provinces.

"An arrangement of this kind would throw the balance of power into the hands of the professional members, where it ought undoubtedly to reside. At the same time the presence of lay members (who would probably be men of rank or parliamentary connections) would serve as a connecting link between the profession and the public, and would have the still greater advantage of mediating between the professional members, in case of any decided difference of opinion upon any given topic subsisting among them. The presence of the Secretary of State for the Home Department at the meetings of the council would give dignity to their proceedings; but should his other and more pressing avocations prevent this in the ordinary course of business, still the contingency of an equal division of votes in the other members of the board must be provided for; and no better measure for the attainment of such an object can probably be suggested than the giving an *ex officio* seat, and consequently a casting vote, to the Secretary of State for the Home Department.

"This would be our mode of constituting the central council of revision, or, as it might be called, the board of control, for medical affairs. The duties of the board would be purely of an appellate nature.—Every measure for the government of the medical profession and the regulation of medical education would initiate with the several corporations and universities which now exist, or which may hereafter be erected. But all their by-laws and regulations would be submitted to the central council, and would receive its sanction, before they could come into operation, and have the force of law. The central council would be open to receive memorials from parties who might think themselves aggrieved by any acts (past or prospective) of the several corporations; and recommen-

dations might perhaps, *in certain cases*, not improperly issue from the central council. This board would not only check any unwarranted exercise of power on the part of medical corporations, and of universities *(quoad* medical education), and see that the several regulations proposed by them are in harmony with each other, so far as the varying circumstances of the three kingdoms permit, but it would prove, to a certain extent, a check on the government itself, and might, not improbably, by timely recommendations, preserve the profession from sundry jobs, such as have ere now taken place, to the no small detriment of the country. Our northern readers will know that we have an eye more especially to the reduplication of medical professorships in some of the Scotch universities.

"With a central board or council so constituted, possessing the confidence of the profession, and controlling our several corporations, we have the strongest persuasion that the interests of the medical profession throughout the country would at all times be adequately provided for. We deprecate, above all things, any proposal requiring the interference of the legislature in matters of detail. The discussion of medical topics is far from being an agreeable one in parliament at any time; and we are sure that the simplest and shortest measure of efficient medical relief which can be suggested, will be the most acceptable both to government and to our legislators. A few other enactments must of course follow. It will be necessary to amend the Apothecaries' Act of 1815, to provide a new charter for the College of Physicians, and to regulate, by legislative authority, certain conflicting interests in Ireland and Scotland; but these are difficulties of comparatively easy solution.—They involve no great principles, and are not likely to provoke any large amount of opposition."

BIRMINGHAM ROYAL SCHOOL OF MEDICINE AND SURGERY.

On Saturday last, a numerous and highly-respectable meeting of the council, patrons, and friends of the Birmingham Royal School of Medicine and Surgery, took place in the theatre of the institution, in Paradise-street, on the occasion of the annual distribution of prizes to those students who had distinguished themselves in the several departments of medical and surgical knowledge, as well as by their exemplary conduct and diligence during the past year.

Dr. Johnstone, the venerable and esteemed president of the institution, occupied the chair, and amongst the visitors who honoured the meeting with their presence, were the Right Rev. the Lord Bishop of Worcester, C. H. Bracebridge, Esq., Joseph Webster, Esq., J. E. Piercy, Esq., W. Room, Esq., (the low bailiff,) J. W. Whately, Esq., Henry Van Wart, Esq., Thomas Clark, Esq. H. Burgess, Esq., (commissioner of police,) the Members of the Council of the School and Queen's Hospital, Dr. Eccles, Dr. Percy, Dr. Birt Davies, Dr. Lloyd, Dr. Melson, Dr. Ingleby, Dr. Annesly, G. B. Knowles, Esq., W. Sands Cox, Esq., and other medical gentlemen. Amongst the clergy and ministers we observed, the Rev. J. Garbett, (rural dean,) the Rev. R. Kennedy, the Rev. J. P. Lee, the Rev. Sydney Gedge, the Rev. J. Gwyther, the Rev. J. W. Downes, the Rev. S. F. Morgan, the Rev. Colin Campbell, the Rev. M. W. Foye, the Rev. B. Spurrell, the Rev. I. Spooner, the Rev. J. Clarke, the Rev. J. Webster, the Revds. Messrs. Crowther, Rowe, &c., and the Rev. J. A. James. Letters were received from the Earl of Dartmouth, the Earl of Bradford, the Earl Howe, Lord Lyttelton, Viscount Lifford, Sir Robert Peel, the county and borough members, the Rev. Vaughan Thomas, and the Mayor, apologising for their unavoidable absence.

The President opened the proceedings of the day by observing that they had assembled on one of the most interesting occasions that could occur—that of rewarding merit; and the only difficulty which the council experienced was in discriminating between the excellence of the competitors, inasmuch as the whole of the pupils had distinguished themselves no less by their proficiency in their scientific pursuits than by their admirable conduct. The president then adverted to the munificent gifts of Dr. Warneford, who, in founding his prizes, was influenced by an anxious wish to *combine with the acquisition and diffusion of medical instruction the great and important doctrines of Christianity;* and concluded by calling upon Mr. Clay, to read the prize essay written by his brother, Mr. W. F. F. Clay of Handsworth, (who is now completing his studies at Cambridge,) "On the Valvular Structure of the Human Heart, as an instance of example of the wisdom, power, and goodness of God, as revealed and declared in Holy Writ."

Mr. Clay then proceeded to read the essay in question, which was listened to with marked attention and interest by the audience, and elicited a general expression of applause at its close.

The Lord Bishop of Worcester, in presenting the medal to Mr. Clay, pronounced an interesting discourse, in which his lordship clearly showed that the study of the human body, so far from leading to materialism and irreligion, tended to impress on the mind the existence of a great and supreme Cause.

Appropriate speeches were made by several other gentlemen, on handing over their honours to the different successful cadidates.

The following is a list of the prizes presented on this interesting occasion:—

The first Warneford Gold Medal and Ten Pounds.—Presented by tde Lord Bishop of Worcester, to Mr. W. F. F. Clay, Handsworth.

The Jephson Prize, Twenty Guineas, (offered by Dr. Jephson of Leamington.)—Presented by the Rev. James Prince Lee, to Mr. John Davies of Stourbridge.

The Gold Medals for Regularity and good Conduct, (offered by the Governors and Subscribers to the School.)—Presented by C. Holte Bracebridge, Esq., to Mr. Hind and Mr. James, both of this town.

First Medal, Anatomy, (offered by W. S. Cox, Esq., and Langston Parker, Esq.)—Presented by the Rev. J. Clarke, Rector of Northfield, to Mr. James, of this town.

First Medal, Chemistry, (offered by J. Woolrich, Esq.)—Presented by J. E. Piercy, Esq., to Mr. G. H. Stallard of Leicester.

Second Medal, (offered by J. Woolrich, Esq.)—Presented by J. E. Piercy, Esq, to Mr. G. Yates, of Dumbleton, Gloucestershire.

First Medal, Botany, (offered by G. B. Knowles, Esq.)—Presented by the Rev. R. Kennedy, to Mr. J. C. Clarkson, of this town.

First Medal, Materia Medica, (offered by Dr. James Johnstone and G. B. Knowles, Esq.)—Presented by the Rev. R. Kennedy, to Mr. J. C. Clarkson, of this town.

First Medal, Practice of Physic, (offered by Dr. Eccles.)—Presented by Joseph Webster, Esq., to Mr. J. N. Greensill of Stourport.

First Medal, Surgery, (offered by W. S. Cox, Esq.)—Presented by Joseph Webster, Esq., to Mr. W. Davies of Stourbridge.

First Medal, Midwifery, (offered by J. Ingleby, Esq., and S. Berry, Esq.)—Presented by the Rev. M. W. Foye, to Mr. J. Davies.

Book, Materia Medica, (offered by Dr. James Johnstone and G. B. Knowles, Esq.)—Presented by the Low Bailiff, to Mr. Harrison of Radford, Notts.

Book, Botany, (offered by G. B. Knowles, Esq.) Presented by T. Clark, Esq., late Low Bailiff, to Mr. John Moore of Moreton-in-the-Marsh.

Book, Demonstrations, (offered by Mr. Bolton.) —Presented by Mr. W. H. Osborn, to Mr, Field, of this town.

Gold Medal, Chemical Essay, (offered by Dr. Piercy.)—Presented by the Rev. J. A. James, to Mr. Stallard of Leicester.—*Abridged from the "Birmingham Herald."*

POOR-LAW INTELLIGENCE.

BANDON UNION.

Messrs. Scott and Wheeler have served the necessary notice on the clerk of the board of guardians, resigning the *lucrative* office of vaccinators. These gentlemen considered themselves ill-treated in not having had the medical situations in the workhouse conferred on them, as they had so strenously supported the poor-law commissioners, in carrying out their *six-penny* contracts. It was most ungrateful on the part of both commissioners and guardians, not to have given them promotion.—*From our Private Correspondent.*

SOUTH DUBLIN UNION.

At the meeting of the board of guardians, held on the 28th ult. The following resolution was adopted.

"That a letter be written to the magistrates of the Head Police Office, informing them that the board, by the advice of the medical officers, will not receive any more deserted children; and if the magistrates send any more deserted children to the house, the board will send them back to them. The board also inform the magistrates, that the law has given to the board of guardians, and not to the bench of magistrates the discretion of admitting or rejecting paupers.

MEDICAL PRESS ADVERTISER.

The extended and regular circulation of the PRESS, both among professional and non-professional readers, as well as its permanent character as a scientific journal, and the certainty of its being preserved by its purchasers (unlike an ordinary newspaper), render it a medium for advertising well worthy of the attention of the public.—The following is the

SCALE OF CHARGES FOR ADVERTISEMENTS:

Ten lines, or under	£0	4	0
Every additional line	0	0	6
Half a Column	0	15	0
A Column, or Half a Page	1	2	6
A Page (two Columns)	2	0	0

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 3, 1841.

PROSPECTS OF THE MEDICAL SCHOOLS.

Our London contemporaries have already announced that the harvest of the medical teachers of the great metropolis is likely to be far below the average, during the present session, and private accounts warrant us in believing the defalcation to be even more considerable than the remarks of the journals might lead us to suppose. King's College, we have good reason to believe, is better off than its neighbours, and yet, in that institution the pupils were, a fortnight ago, more than one third fewer than at the same period last year. The causes of this effect are obviously two-fold; in the first place we hope and believe that people have been at length made sensible of the folly of thrusting their sons into a profession, by which they cannot obtain, even the most moderate means of subsistence, and towards which they have been, of late years, drawn by the cheapness of the terms upon which a quasi admission into it could be obtained. Many well intentioned parents, seeing the multitudinous advertisements of medical lecturers and teachers which have latterly been so important a source of profit to the proprietors of newspapers, if not to any other parties, and learning therefrom, that their sons could be made Doctors at less cost than they could be made shoemakers or saddlers, fell into the delusion of supposing that they were consulting the interests of their children, by embracing the opportunity of raising them in the scale of society, which appeared to be thus afforded. Never was delusion more complete, or more ruinous, not only to that numerous class of unfortunates, whom it has diverted from some honest and respectable way of life, for which their early impressions and education fitted them; but also to those who, but for the debasing competition it has created, might legitimately, and with advantage to themselves and their fellow-citizens, have exercised the profession of medicine. Let us not be misunderstood: we are no aristocrats; nor do we wish to make poverty a barrier to social advancement. But it is our unalterable conviction, that as in no position in life is a man more beset with temptations, than in that of a medical practitioner, so in none is it more needful that he should be prepared for resistance by a liberal education and habits, and by the reasonable expectation, of at least a moderate competency. To place a man educated imperfectly, in a situation in which he may suppose himself to possess a sort of professional gentility, and for the support of his rank, to give him the chance of £40 a year as doctor of a poorhouse, is to render the individual certainly miserable, and to expose society to the risk which it must incur should a worse effect be produced upon his character.

Holding these opinions, it cannot but be matter of pleasure, to us, to look upon the defalcation of pupils as a sign that reaction has commenced. The effect, however, is not altogether attributable to this cause; another is in operation, which is well worthy of the attentive consideration of those who retain an interest in the welfare of the profession. We allude to the multiplication of provincial schools of medicine, and the great activity that has latterly prevailed among persons interested in these institutions. This movement is no doubt occasioned by the competition resulting from overteaching in the metropolitan schools, and it will with equal certainty result in a similar catastrophe. Meanwhile, the managers of such of the old metropolitan schools as desire to prolong their existence, should take a leaf out of the book of their younger and more active competitors, and endeavour like them to establish relations beyond the precincts of the profession. To contribute our mite of aid towards the doing of this, we publish today, the report of a meeting of 'the council, patrons and friends of the Birmingham Royal School of Medicine,' upon which but small comment is required. Those who are capable of comprehending anything, will not be slow to perceive that something more than the remembrance of a good name in times past, is required for safe competition with royal (even though they may be provincial) schools, in which the prizes are presented by prime ministers, lords and bishops, and which *have* substantial prizes to present. To

make a practical application: where, we ask, is there in our own metropolitan school, a *Warneford gold medal and £10; or a Jephson twenty guinea prize* to encourage the aspirant to medical honors? Where is there a private gentleman, like the Rev. Dr. Warneford, able and willing to give £3,000 towards the encouragement of medical education?

Our schools, even though they enjoy, as some of them do, the protection of Royal Charters, and Acts of Parliament, are in a great measure unknown to, and entirely unsupported by the public. They want, in fact, the character of national institutions in the most restricted sense of the epithet, and unless an effort be made to give them such a character, the result must be a transfer of the business of medical education, to places where the public feeling goes with the exertions of the teachers.

That it is the interest of the public of Ireland, to protect its metropolitan medical school, there can be no doubt: there are no worse absentees than those who go out of Ireland to learn a profession. Leaving out of the question the money they carry away; they can scarcely fail to carry back minds filled with discontent at their future position, and hopeless of obtaining a suitable reward for their labours. That the public would recognise these truths we are equally certain. To get them to do so it is only necessary that those more particularly interested, should *unite* in impressing them upon their minds.

EXTRACTS FROM PERIODICALS.

DIRECT EXPERIMENTS TO DETERMINE WHETHER PORTIONS CUT OFF FROM LEECHES ARE REPRODUCED. BY STEFANO GRANDONI.

Bose, by whom Buffon's Natural History was continued, positively asserts the re-production of divided leeches; in the Dictionaire des Sciences Naturelles the contrary is stated. This contradiction, with other circumstances, induced the author to submit the question to the test of experiment. He divided 20 leeches between the fifth and sixth segments of their bodies, and placed half of them in glasses containing water, with little stones at the bottom, and the other half in glasses containing a thin stratum of clay, moistened with water. All possible care was taken to maintain them in health. After three weeks, one of those that lived in the clay exhibited on its truncated extremity two white and somewhat convex gelatinous corpuscles, in the centre of which there was a more vividly coloured and transparent point; the rest of the section was somewhat rounded and covered by a very delicate membrane. These signs seemed to render it probably that the experiment was about to succeed; but a month after the leech died, and apparently from the disease of the truncated extremity. Three months after being divided, the sections of the other leeches were found covered by a dense rounded gelatinous mass, which after some time became a very fine and transparent investment, and made the surface of the divided part quite smooth. After about six months the leeches in the water with the pebbles, all died one after the other, without any regeneration of the part that had been cut away. Their weight was neither diminished nor increased. At this time six of the remaining leeches were taken from the clay, in which they had till lately constantly lain buried, and put in water. These, as well as the three that were left in the clay, were then looked at several times every day; the condition of their trunks was from time to time examined with the aid of powerful lenses, and the number of their segments was counted, but no increase was observed. At the tenth month from the commencement of the experiment, only the three leeches in the clay remained alive; these also died four months afterwards, but without the reproduction of even the most minute ring. It was thus decided that divided leeches are not regenerated.—*Commentarij dell' Anteneo di Brescia*, 1837–8. *Annali Universali di Medicina, Ottobre*, 1839; *and Brit. and For. Med. Rev.*

ON THE PRESENCE OF SEVERAL CYSTICERCI IN A TUMOUR HAVING THE APPEARANCE OF A BOIL. BY DR. FOURNIER, OF CRAON.

A child, six years old, had a tumour of the size of a hen's egg on the superior and lateral part of the neck, which had only appeared four days. It was red, hot, painful, of a conical form, and circumscribed. On examining it with care, there appeared a small hole towards the base, in the middle of which a small white point was prominent, which had an almost imperceptible motion. A very limpid aqueous fluid flowed on pressure, and a particular but feeble sensation of *fremissement* was perceived. A species of clash (collision) was distinguished by the ear; and the tumour, although red, hot, and painful, was soft and fluctuating, so that the presence of hydatids was diagnosticated. One of these worms was pressed out, and seven or eight more were removed by a small incision. They were afterwards recognised as cysticerci having a very small roundish head, supported by a contracted neck. The body was formed of imbricated rings perfectly visible to the naked eye; it was terminated by a small swelling, a kind of vesicle containing matter apparently albuminous. All performed some undulatory motions. The cure was complete on the seventh day. *Journal des Connaisances Medico-Chirurgicales, Mai*, 1841.

ABSENCE OF THE NASAL DUCT, AND ITS ARTIFICIAL FORMAMION. BY M. BERARD.

A man, twenty-one years of age, was admitted into the hospital Necker on account of congenital fistula lachrymalis. This fistula discharged a limpid transparent fluid, and caused continual epiphora. On pressing on the angle of the eye in the morning a muco-purulent liquid flowed from the fistulous orifice and from the puncta. The nostril of the same size was habitually dry; stimulating powders, such as snuff, becoming dry without exciting the secretion of the pituitary membrane. A stylet introduced into the fistulous orifice in the direction of the nasal duct would not pass, nor was it possible to penetrate its nasal orifice. No doubt could exist, therefore, of its congenital absence, and M. Bérard made an artificial nasal duct by piercing the os unguis after the manner of Woolhouse.

The inferior border of the internal portion of the tendon of the orbicularis being laid bare by incision, M. Bérard directed a trocar downwards, backwards, and inwards, perforating the internal wall of the orbit. The trocar was immediately replaced by a silver canula about half an inch long, enlarged at its two extremities, and on closing the mouth and nostrils of the patient, the air passed through the canula, showing that it was well placed. Three days after the operation the small wound had cicatrized; no bad symptoms followed. In two months, the patient having neglected the directions of the surgeon, returned with epiphora, when M. Bérard changed the canula, and in two months the epiphora had completely disappeared, and the patient was quite well in February last.—*Bulletin Général de Thérapeutique. Juillet* 15 *et* 30, 1841

PROMOTIONS.

MILITARY.—27th Foot—J. Grant, M.D., to be Assistant-Surgeon, vice Fry, deceased.

56th Foot—Assistant-Surgeon Richard Bannatyne, from the Staff, to be Assistant-Surgeon, vice Bradshaw, promoted.

66th Foot—Assistant-Surgeon J. Grogan, M.B., from the Staff, to be Assistant-Surgeon, vice Linton, promoted.

72d Foot—Assistant-Surgeon C. G. Logie, from the Staff, to be Assistant-Surgeon, vice Malcolm, promoted.

Hospital Staff.—Assistant-Surgeon J. S. Graves, from the 4th Light Dragoons, to be Staff-Surgeon of the second class; Assistant-Inspector of Hospitals, Montague Martin Mahony, M.D., to be Deputy Inspector-General of Hospitals; Edward Menzies, gent., to be Assistant-Surgeon to the Force, vice Bannatyne.

REGISTER OF THE WEATHER.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Oct. 24,	52.5	42	28.950	.020
Monday	25th,	50	41	29.262	.075
Tuesday	26th,	44.5	39.5	29.600	.225
Wednesday	27th,	46.5	38	29.900	.145
Thursday	28th,	47	40	30.016	.006
Friday	29th,	48	36.5	30.150	
Saturday	30th,	50.5	40	30.100	

MEDICAL PRACTICE.

A fully qualified Practitioner, who has had Charge of a Dispensary in the Country for some years back, is desirous to obtain either a Medical appointment, or introduction to Practice in some large town or city in Ireland, for which "*Adequate Thanks*" would be given.

Further particulars may be learned on application to JOHN THEOPHILUS BOILEAU, Esq., Bride-street.

TO MEDICAL STUDENTS.

DR. ARTHUR MITCHELL, Lecturer on Botany and Natural History in the Richmond Hospital School of Medicine and Surgery, will, in future, meet his Classes (for the convenience of Students) at the Medical Literary Institution of Messrs. FANNIN & Co. Grafton-street, where—or at his Residence, 30, Harcourt-street—Students can apply for information relative to his Lectures.

A report having got into circulation that Dr. M. had gone to live in Peter-street, he begs to contradict it.

Dr. M. begs Students will observe, his Christian name is ARTHUR, his Residence, 30, Harcourt-street, and his Class-rooms are at Messrs. FANNIN & Co.'s, 41, Grafton-street—entrance by the Shop—and that he has no connexion with any person of the same name in this city.

N.B. The Doctor has been engaged, as a private Teacher, for thirteen years; and Students are prepared by him for the following examinations, viz.;

M. B. Trinity College, Dublin, or University of London, (for which examinations there are separate Classes) Apothecaries Halls, Dublin and London—and for the Pharmacy examination, Royal College of Surgeons, Ireland.

VICTORIA LYING-IN-HOSPITAL AND DISPENSARY,

18, SOUTH CUMBERLAND-STREET, MERRION-SQUARE.

MICHAEL JAMES MACCORMACK, M.D., Master; Lecturer on Midwifery, Dublin School of Medicine, Peter-street.

This Hospital is situated in the immediate vicinity of the Medical Schools of the University, Park-street, and Sir P. Dun's Hospital.

The Winter Course of Clinical Lectures and attendance will commence on TUESDAY, the SECOND of November, at Twelve o'Clock.

TERMS OF ATTENDANCE FOR SIX MONTHS.

Extern Pupils, ...	£4 4 0
Internal Pupils, ...	10 10 0
Hospital Diploma, ...	0 10 0

Four pupils will be received by Dr. MACCORMACK, who, together with Board and Residence, will have the advantages of extensive practice on moderate terms.

For further particulars apply to Dr. MACCORMACK, at the Hospital.

DUBLIN SCHOOL OF MEDICINE,

PETER-STREET.

DR. NIXON and DR. MACCORMACK will commence their Winter Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children at the above School on FRIDAY, November 5th, at Eleven o'Clock, at which hour Dr. MACCORMACK, will deliver the Introductory Lecture.

Fee for the Course, Two Guineas.

N.B.—Dr. MACCORMACK's Lectures are recognised by the Apothecaries' Hall, Dublin.

KING'S AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

DR. MONTGOMERY will Commence his LECTURES on MIDWIFERY, and the Diseases peculiar to WOMEN and INFANTS, on MONDAY, November 1st, at FOUR o'Clock, P.M.; at which hour they will be continued during the ensuing Session, at Sir P. Dunn's Hospital.

Attendance on these Lectures is a constituent of an Annus Medicus, as required by the Universities of Edinburgh and Dublin; and is also received by the Royal Colleges of Surgeons in Ireland, and elsewhere.

Apply to Dr. Montgomery, 18, Molesworth-street.

SAINT VINCENT'S HOSPITAL,

STEPHEN'S-GREEN.

THE WINTER SESSION for the attendance of Pupils on the Practice of this Hospital, will Commence on Monday, 2d November.

The Hospital, which is on the plan of the Paris Hospitals, contains near Eighty Beds, constantly occupied by Instructive Cases.

The Hospital will be visited daily at Eight o'Clock, A.M.

Clinical Lectures will be delivered twice a-week during the Session, and Clinical Instruction daily.

The Clinical Lectures are illustrated by a splendid Collection of Drawings and Preparations.

Connected with the Hospital is an extensive Dispensary, where abundant opportunities are afforded for the acquisition of Medical and Surgical knowledge.

Certificates of attendance on the Practice of this Hospital, are recognised by the Colleges of Surgeons in London and Dublin, London University, Apothecaries' Hall, Dublin and London Army and Navy Medical Boards, &c. &c.

Medical Advisers—First, J. M. Ferrall, Esq., M.R.I.A.; second, O'B. Bellingham, Esq., M.D.

Consultants—Sir Philip Crampton, Bart., F.R.S.; Sir Henry Marsh, Bart., M.R.I.A.

☞ Further Particulars may be learned by inquiring at the Hospital, during the hours of attendance.

SCHOOL OF MEDICINE,

PARK-STREET, DUBLIN.

The Winter Course will Commence on MONDAY, the First of November.

Anatomy and Physiology—Mr. Carlisle, Mr. Houston, and Mr. Denham.

Theory and Practice of Surgery—Mr. Cusack, Mr. Houston, and Mr. Fleming.

Theory and Practice of Physic— . . . .

Chemistry—Dr. Aldridge.

Materia Medica—Dr. Banks.

Midwifery and Diseases of Women and Children—Dr. Beatty.

Medical Jurisprudence—Dr. Forde,

Medical Botany—Dr. Corbet.

Anatomical Demonstrations—Mr. Carlile, Mr. Houston, Mr. Denham, and Mr. Hill.

Dissections, under the superintendence of the Anatomical Lecturers and of Mr. Hill and Mr. Butcher.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months.....	£1 5 0
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Single Number	0 0 6

Wednesday, November 3, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXLIX.] DUBLIN, WEDNESDAY, NOVEMBER 10, 1841. { PRICE SIXPENCE. STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XXII.—
Colic..... 289
Species of Colic..... 290
Colica Spasmodica..... ib.
Colica Stercoracea..... ib.
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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXII.

After last days lecture some questions were asked me, which I consider of sufficient importance to repeat to you all, as well as the answers which I gave. One was as to the composition of the fluid which was injected into the veins in cholera; and another was, whether there was any truth in the assertion sometimes made, that the temperature of cholera patients was higher after death than before? I ought to have anticipated these questions in my lecture; I am not sure but I did; however, it is no harm to tell you again. The temperature actually did rise after death in many cases; that is, after animal life appeared to be, and doubtless was, extinct. The observation was made almost by every body—I *felt* it myself, but made no examination with the thermometer. Professors Hart and Geoghegan, however, tested the matter with a thermometer, and found a rise of five or six degrees under the tongue, and in the axillæ, &c. The fact is a very extraordinary one, and not easily accounted for. It is curious too, that in Dr. Hart's experiments, the temperature under the tongue before death was invariably 72°, and in the axilla 75° Fahr. As to the fluids injected, I find that a drachm of the muriate of soda, with ten grains of the carbonate of soda, dissolved in three pints of warm water, was an injection used with success in several cases by Drs. Latta, Lewins, and Craigie of Leith; the water ought to be from 105° to 112° of Farhr.; from three to six pints may be injected at once, slowly, taking care to exclude the air, and renewing the operation as often as the collapsed state returns. In some of their cases of recovery, twenty pints were used in divided portions.

Here I may mention, as I did on another occasion, that I am always glad to be asked, after lecture, any question which may bear upon the subject of the lecture. Though I never come here without considering what I mean to say, and arranging my ideas on it, and generally having notes before me, yet, I frequently find I have omitted something which I intended to bring forward, or that I only briefly and obscurely alluded to what deserved much fuller notice. Sometimes too, the questions put to me have proved instructive to myself, and have suggested new subjects for enquiry, or pointed my attention to fresh sources of information. We are all learners, and must be so in medicine, perhaps in every thing, as long as we live. I am often as much benefitted by your questions as any of you can be by my answers; so that you need not have any hesitation in speaking your minds to me.

Well now, the next disease we have to speak of is *Colic.*

When you hear of "colic," many of you will think of an old woman's belly-ache, which a little ginger cordial has so much potency in removing, or a little castor oil with Daffy's elixer and peppermint. You are right; I mean such a disease, but I mean much more. The term colic includes not only some of the most painful, but some of the most fatal affections of the intestines. Under that name I place *ileus* or the iliac passion, which may depend on internal strangulation, intussusceptio, and other rapidly destructive derangements. Colica Pictonum, too, is a form of colic, and a very formidable one; so that I must be speak a fair portion of your attention to colic,—it is by no means to be despised.

Colic derives its name from the colon, where it was thought to have its seat; but though we do not now object to a term so long in use, you must bear in mind that the ileum, the jejunum, and even the duodenum may be the seat of this affection. It is not an inflammatory disease, although inflammation may come on in the course of it, or may even precede it, but it is not essential to it. It does not depend on any peculiar state of the mucous lining, nor of the serous covering of the intestine, but it often does depend on the muscular coat, which either by paralysis or by spasm may give rise to the symptoms. Any mechanical or pathological obstruction to the course of the alimentary matters in the intestine, or even to the regular peristaltic action of these organs may be followed by colic. Thus the distension of wind, the accumulation of feces, the constriction by organic disease in the coats of the intestines, their strangulation in hernia, even the interruption of their movements by an adhesion, may be followed by dangerous colic. These obstructions do not constitute colic, but they are the causes which occasion certain symptoms, and it is the group of symptoms which we designate by this term—any of them may exist for a time without colic, but when their influence is felt, then the symptoms set in, and we call the symptoms "colic."

The symptoms of colic are, pain in the abdomen, and especially in the umbilicus, where a twisting uneasiness is felt; the pain occurs in paroxysms; obstinate constipation usually attends; and vomiting is very often present. The feet are cold, and the patient instinctively seeks for heat. The pain that is felt is generally relieved by pressure; you see the patient pressing on the abdomen with his folded arms, leaning forward on his knees; sometimes there is a soreness on pressure. The vomiting at first clears the stomach, then the duodenum, becoming bilious, and lastly, on some occasions, it ejects feces, and is called stercoraceous. The pulse is at first quiet, and the skin cool, and they may remain so throughout, but if any inflammatory affection be setting in, they will acquire a febrile character. The tongue is at first natural, then dry, but still clean, then white and clammy, after which it becomes furred in proportion to the fever which developes itself. Hiccup, intermitting pulse, tenderness of abdomen and cold sweats, mark the approach of death. You will find many varieties in the pain, which is sometimes agonizing, sometimes slight; in the vomiting, which is often copious, sometimes only a dry retching; in the pulse, which may be little altered, or be weak and rapid, and so on, according to the variety of the disease present. But in every case, I may say, you will have pain and constipation, and in many cases vomiting.

Cullen describes seven different species of colic—here they are "1, colica spasmodica; 2, colica pictonum; 3, colica stercoracea; 4, colica accidentalis, 5, colica meconialis; 6, colica callosa; 7, colica calculosa." I think he might have added a few more, which have at least an equal right to the distinction, such as, 8, colica ventosa; 9, colica intussusceptionis; 10, colica distensionis; 11, colica herniosa; and 12, colica lactantium. These terms, you may observe, are intended to mark the cause of the colic, and they are of use in saving circumlocution, and at once directing the mind to the source of the evil. I will say a few words about each of them.

1. *Colica Spasmodica*, according to Cullen, is characterised by retraction of the navel and spasms of the abdominal muscles. Cullen seems to think that spasm in the intestine is essential to every species of colic, but that in this form it is peculiarly marked; this is rendered probable by the state of the abdominal muscles. You have also intense pain, of an intermitting kind, obstinate constipation, but not always vomiting. The pulse is unaltered—the tongue a little whitish—the urine scanty—the feet cold. Sometimes there is a dry retching, and the patient wishes for an emetic, or copious draughts of hot water. This form of colic is frequently brought on by mental emotions. I often meet with it in the Four Courts' Marshalsea, where the alternations of hope and fear are so sudden and so violent. My clients there are often buoyed up with the expectation of an immediate return to their long lost home, and all its pleasures; but the treachery of an attorney, or the implacable spirit of a creditor, or the retributive justice of an insolvent court, dashes all their hopes, and on such occasions, a severe fit of the colic is not uncommon. I have known it to occur every day, for several successive days in the same person, after such a disappointment. I have known a clergyman too, who suffered most intensively from colic, every day that he preached on any peculiarly exciting topic, or rather in the night after it. During one lent he preached a course of controversial sermons, and was nearly worn out by the number and the severity of the attacks. Both he, and most of the persons whom I attended in it were of the bilious temperament, and their sclerotics always assumed a yellow tinge during the continuance of the affection. My notion of its pathology is, that there is a spasm of the biliary ducts, or the ductus communis choledochus, and also a spasmodic contraction of some part of the intestine, which is followed by an inverted action of it. There may be distention above the contracted part, and much of the pain may depend on that, but the phenomena, the cause, and I may add, the treatment, lead me to believe in spastic contractions as the proximate cause of the disease.

The treatment I use successfully is, calomel with opiates and diluents, warm baths, and enemata. Large draughts of hot tea, or whey, or very light gruel, or a bottle of soda water may be first given; if these be retained, they will serve to allay the pain, and sooth the excited organs; more commonly they will be rejected, and then I put ten grains of calomel, in powder, on the tongue, and in ten or fifteen minutes after, I give an effervescing draught, with twenty drops of tincture of opium, and I repeat this draught every half hour, to three or four times, if the symptoms continue. I also put the patient into a warm bath, and keep him in it half an hour; or if a bath be inconvenient, I have his abdomen well stuped, and a large emollient enema thrown up. Then if symptoms do not yield, I renew the calomel, I repeat the stuping with the addition of a little spirits of turpentine on the cloths, and I give a starch enema with thirty drops of laudanum. In one obstinate case I used tobacco stupes with advantage, and in another very violent case I took blood from the arm. To guard my friend the clergyman from his violent colics, I advised him to take a bowl of weak tea, very warm, after his sermon, a warm bath as soon after as he could, and at bed-time five grains of blue pill, with five of Dover's powder, and a seidlitz draught next morning; this had the desired effect, I don't think he ever has a fit of the colic when he chooses to take the trouble of using my prohhylactics. In colic, the friends and the patient are never satisfied till the bowels are freed, unless you give them early notice that this is not essential, and that your first object is, to allay the pain and the vomiting.

2. *Colica Pictonum* I will speak of by and by, after I have done with the other forms; it differs a good deal from them, and will merit special consideration.

3. *Colica Stercoracea* is the kind of colic which is occasioned by an accumulation of feces in the alimentary canal; sometimes it occurs in young chlorotic or hysteric females, but most usually only in old wo-

men. The pain is considerable; there is a sense of fulness in the abdomen; vomiting is almost sure to occur, and is likely to bring up bilious or stercoraceous matter; often there is a remarkable fetor in the breath, or in the perspiration, and a dirty soiled look in the countenance, with some discoloration of the sclerotic. There is costiveness of course—the tongue is rough—the pulse quiet or even very slow—the skin cool—the urine scanty, and high coloured. Now this form of colic is rare, if you consider how frequently constipation is permitted to go on to an unreasonable length. It is no uncommon thing for an old woman to have only one motion every week; nay, in some cases, old hags will only defecate once in a fortnight or three weeks, and yet, they will have no colic at all, or only a "windy" one. In a younger person, two or three days confinement of the bowels might bring on a fit of colic. It is not merely the obstruction, nor is it the amount of accumulation, but it is the sympathy of the rest of the canal; for if the intestine of that old woman was strictured in a hernia, though the obstruction would not be one bit more complete than the impacted feces occasion, she would have violent colic in the course of a few hours. It is also a curious fact that you may have stercoraceous colic although there was an evacuation every day, up to the period of the attack; a sort of groove or canal in the hardened feces has been known to allow some of the contents above to pass down every day, until at length the solid matter, so long delayed, excites the antiperistaltic motion, with the pain, &c. Enormous quantities of matter will sometimes accumulate in those cases. I have seen a stable bucket filled in a couple of hours, by a person who had this colic. Your treatment must be directed to the cleansing of this Augean stable, and it is often an Herculean task. I have seen an eminent surgeon obliged to scoop out with a spoon the contents of the rectum, which had been drying and baking there for many days; injections took no effect on the mass until a breach was first made in it by the mechanical powers of the wedge, the lever, and the screw. In suspected cases it is well to try the rectum with the finger, as enemata are apt to be refused admission in such cases. Your enemata must be frequently repeated, every half hour perhaps; you must throw them up very frequently, and in large quantity, so as to distend the intestine about the hardened mass, and to dissolve it and loosen its connexion with the intestine. A very good material for your enemata is warm water, containing a little soap dissolved. You must also give purgatives by the mouth, if the stomach will bear them; calomel and compound extract of colocynth in pills, will generally be borne; if not, five or ten grains of calomel by itself will, and you may use after it the Rochelle salts in effervescence, either dissolved in water, or in a cold infusion of senna. The hardened feces are not likely to accumulate any where except in the colon. Having succeeded in removing the present attack, you must use enemata daily for some time, or else there may be a fresh accumulation.

4. *Colica Accidentalis* means that form of colic, which arises from the accident of some error in diet, something acrid or indigestible, as pastry, ill-boiled vegetables, pickles, muscles, and so on. These are apt to occasion cholera, but sometimes colic. Stupes or warm bath, with some warm purgative draught, if the stomach be not too irritable, will generally relieve it.

5. *Colica Mecunialis* occurs when the retained meconium excites pain in the young infant. A little castor oil, or *its own* mother's milk, will generally succeed in carrying off the meconium, and removing the painful affection It is sometimes necessary to aid these with a bath, or a small injection.

6. *Colica Callosa* is, I suppose, that form which depends on a scirrhous state of some part of the intestine, or on an organic stricture in it. In a former lecture* I shewed you many specimens of hypertrophy of the nervous coat of the alimentary canal, and of scirrhus chiefly occupying the same locality. These occur most frequently in the pyloric end of the stomach, next in frequency in the rectum, next in the ascending and descending colon, rarely in the transverse arch, and still more rarely in the small intestine. Such morbid growths occurring in the intestine, will give rise to constipation, borborygmi, or rumbling of wind, uneasy, tight, uncomfortable feel in the abdomen; if in the rectum, the feces will be of small diameter, and sometimes the evacuation will consist of mucus alone. At some period in the disease, the obstruction may become so great, that colic sets in; then you have severe pains, intermitting, the most obstinate costiveness, the intestine above the part sympathizes, and an inverted action begins; vomiting of bilious, and then of stercoraceous matter follows, and the patient dies, worn out by the incurable ileus, without inflammation. A celebrated professor of this College died in this way, and the post-mortem showed a scirrhous or highly hypertrophied state of the nervous coat, in the ascending and descending colon. The cause of the symptoms was only guessed at during life, and you may expect to do no more than guess at it, unless the disease be in the rectum, within reach of your finger or speculum, or that it forms a tumor large enough to be felt through the walls of the abdomen. And if you do discover its nature, can you cure it? Why in the rectum you may do a good deal to relieve it, and to prolong life by means of bougies, as the surgical professors will tell you, but if it be higher up we can only palliate. Setons or blisters over the part, light nutritious diet, gentle aperient enemata, and such like will give some relief, and prolong life a little. Milk, mixed with lime water, or seltzer water, will form a nice refreshing and nutritious drink, but the patient, I am afraid, is beyond the reach of cure.

7. *Colica Calculosa* is so called from the fact that concretions of various kinds have been formed in the alimentary canal, and have given rise to the symptoms of colic. In Scotland, where oatmeal forms a considerable portion of the people's food, the seeds or husks of the meal, not being digested, collect into balls, and are united by mucus in masses of considerable size. In like manner, biliary calculi may form a nucleus for other matters to concrete about. The stones of fruit, and even the pippins of apples, or the seeds of oranges, may give rise to dangerous colics in the same way; even magnesia, given as medicine to children, will sometimes form masses of sufficient size to prove dangerous. In general, these bodies can do no mischief in the course of the canal, provided it be healthy; but if there be any narrowing of the tube, or any kind of obstruction previously, they may then complete the obstruction, and lead to a fatal catastrophe. If there be a *diverticulum*, as you see in this preparation, you have every thing to dread from them; and again, you must always fear lest they should get, as they often do, into the vermiform process of the cœcum, for out of that they can hardly return, and if they do not, they will be very apt to excite an inflammation, which will spread to the peritoneum, and excite a fatal peritonitis. A few years ago I assisted Dr. Johnson in the *autopsy* of a child, who died by ileus and some peritonitis, occasioned by a collection of magnesia in the vermiform process. Last year, a most exemplary medical student died of ileus with peritonitis, and the exciting cause was the seed or pippin of an orange, which lodged in the vermiform process, became coated over with layers of

* See Medical Press, Vol. V. p. 161.

calcareous matter, and then did the mischief. Well, you cannot always tell the cause of these colics, but you will be able sometimes to make a shrewd guess at it. If the patient had, a short time before, symptoms of the passage of a gall-stone, you might conjecture that this gall-stone caused the colic; if he had ever passed balls of any kind of concretion, you would guess that such another was now in the way; if he swallowed a plumstone or peachstone a short time before, you would naturally think of that, and so on; but you would only be guessing, and if you guessed right, what could you after all do, but treat the ileus on general principles, and strive to prevent the peritonitis, which is apt to follow? Enemata, depletions, local and general, and calomel, should be your remedies. If you were quite sure that the obnoxious mass were in the vermiform process, why then, the question of cutting down upon it might very fairly be entertained; you might undertake a very dangerous operation to avert a still more dangerous evil.

8. *Colica Ventosa*, or windy colic, flatulent colic, is common enough in old people, especially females. You also find it in children, but not often in adults in the vigour of life. The weakened tone of the digestive organs in the old, gives rise to the developement of much flatus in the intestines, and as females eat much less solid nutritive food than men, and do not so promptly expel the flatus, they are very apt to have an accumulation of it. There is a good deal of pain attending it, a fulness of the abdomen which percussion proves to be very different from the stercoraceous swelling; there is costiveness, but it may be of short duration, little or no vomiting—the pulse and tongue are unaltered—the feet cold—the pain is relieved by warmth and pressure—and sometimes much wind is thrown up. It has been said to occur in the duodenum, and to cause jaundice, by interfering with the entrance of the bile into that viscus. I have seen fainting often occasioned by it. You treat this form of colic with carminatives, warm carminative draughts, warmth to the feet, and even warmth to the abdomen—you may be able to feel the distended portion of intestine through the parietes of the abdomen, and then warm stupes, or friction with the warm hand is grateful; a bag of hot salt is very good. A few drops of the compound spirit of lavender on a bit of sugar, is every old lady's remedy; a little of the essence of peppermint is also celebrated; the poor use a little burnt whiskey, or twenty drops of spirits of turpentine. If you order a draught, it may be something of this kind:—

℞ Aquæ menthæ peperitidis unciam c. semisse,
Spiritus lavandulæ comp. guttas viginti,
Tincturæ rhei ʒj.
——— opii guttas quinque,
M.—Ft. haustus.

Or, ℞ Misturæ camphoræ ℥i.
Spiritus ammoniæ aromatici ʒss.
Spiritus anisi ʒi.
Olei carui guttas quatuor.
Liquoris Hoffmanni guttas xxx.
M.—Ft. haustus statim sumendus.

You may vary your carminative draughts or mixtures indefinitely. A curious property of carminatives is, that they will expel flatus and nothing else: they leave the solid and liquid contents of the intestine unmoved, but rout the windy parts. Sometimes, however, they fail, or they may be rejected by vomiting; and in such cases, Dr. O'Beirne's tube passed up well into the colon, will frequently give passage to a large quantity of flatus, and instantaneously relieve the patient. It is an invaluable instrument in this form of colic, and indeed in every case it ought to be at hand.

AN INQUIRY INTO THE TRUTH OF THE ELECTRIC NATURE OF THE NERVOUS PRINCIPLE.

By William Bevan, A.M.,
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Having had it in contemplation, Mr. Editor, some time, to make known my ideas relating to the truth or falsehood of the electric nature of the nervous principle, I think no time more befitting than the present, more especially as it is now generally received by the profession and taught in the schools.

Perhaps there is no hypothetical phantom, which engages the attention of medical men more than this most captivating but most unproven one—namely, the electric nature of the nervous principle. In considering it, let us see if there be any fact or facts on record which can show that there is any identity between this force and the electric; or is there anything to show, that the same quality of matter exhibits its phenomena under two forms in nature. What are these qualities? Are they not heat, light, and electricity? Do they not present constantly the same undeviating and unchanging phenomena in each body of unorganized matter, and under the usual arrangements? Most assuredly. Is this the fact as regards animated existence? We shall see. When the galvanic current is made to pass through the animal body, electric phenomena are developed; if insulated, as in the inorganic kingdom, it becomes a highly excited mass. If uninsulated, these are not so evident: sparks cannot be drawn. If a part or parts of any of the structures be laid bare, its effects are instantly shown by muscular contractions; there is no evidence of its force on any other system; the nerves exhibit none. If we decapitate an animal—for instance a frog—and direct a current of galvanic electricity through any of its nerves, the most violent contractions and contortions of the muscles ensue; the body is thrown into violent agitation. But if we suspend our operations during twenty-four hours, and re-apply this force, no action no phenomena accrue. Yet, if the electric laws in the animated were the same (and which we should expect to find them to be) as in the inorganic kingdom, the same consequences ought to follow. If any electrical apparatus be in a state of low electric tension, all its parts seem at rest; but if any thing should disturb its repose—if an acid be added—immediately electrical phenomena become manifest in a high degree. Here we have an evidence of the increase and continuance of the original quality. Can we produce the same continuance of electrical phenomena in the perfectly dead animal body? That we cannot, will not be denied. Would it not, then, be a rational deduction to draw, that, on directing a galvanic current on a perfectly dead nerve, we should find a continuation—an exaltation, of its electrical force, if this force be the true organic nervous influence, and that electricity be equal and similar in all its results? If it be admitted that it is not similar in all its properties, and if it be maintained that the electric force is the nervous, we must be driven to adopt a new hypothesis, viz., that there is one electricity for the animal, and another for the inorganic kingdom—an hypothesis equally absurd and unphilosophical, and a conclusion not drawn from any known premises. No battery, however well-arranged, however strong, can reproduce the powerful shocks in the dead electrical apparatus of the torpedo, which (as are well known) are so powerful in the living state, exhibiting all the forms of electricity, as that jars may be charged by it, sparks elicited, and the most violent shocks received. Why should not these phenomena be manifested in as high a degree when an electrical current is directed on it perfectly deprived of life? To answer this is the great problem sought to be

solved. One answer, at least, may here be given, "God breathed into man the breath of life." Is there any philosophy so extravagant, or so seductive, as to assert that this is electricity? The whole chain of argument (as yet) on this head is an hallucination of the brain, altogether destitute of proof. Without laying claim to originality, I might say that the great life-giving principle is an attribute of the divine power; that it is the original implanted stimulus that gives rise to life and organization; that it is (if I might so say) that animated electro-motor of our existence; that the whole systems are, as well as the nerves, under its control; but that the nerves and brain are most probably, from their beautiful and delicate structure, more the receptacles of it than the others; that by its power their electric phenomena are set in action. That it may be possible that, under this influence, they may secern from the blood the different solids and fluids of the body; but as yet we have no fact to prove it.

Further, the supporters of the electro-vital theory (as I understand them) assert that the brain and spinal cord are the great receptacles—the great batteries—whence flows this magic fluid through the nerves. The brain is doubtless destined to supply the muscles of voluntary motion, while the spinal cord is appropriated to the involuntary.

It is unfortunate for these new theoretic philosophers, that animals deprived of the brain, either artificially or naturally, can sustain life for days, for months, nay years; that even the human subject, deprived of the brain by disease or otherwise, sustains life for a longer or shorter time; that there are instances of acephaloids and aspiraloids, sent into existence, wholly wanting these organs. What, then, becomes of this cerebro-spinal galvanic theory? Is it necessary to observe that it is as the "baseless fabric of a vision?" Either we must admit that the nerves do not possess this electric force; or that, deprived of the brain and spinal cord, they are each, and separately, a galvanic battery; a notion, I imagine, that will have few advocates at the present day. But, again, we do not find that shocks inflicted on an ordinary galvanic battery injure it; while we well know how sudden electric shocks destroy life perfectly and in an instant; but that dissection does not, in a single instance, discover the slightest disorganisation of a part or parts, throughout the whole body; or even the least alteration in the character of the blood, the great *pabulum vitæ*.

But permit me to proceed a little farther in this inquiry. Having divided the pneumogastric nerves in a rabbit, the consequences, as described by Le Gallois and Magendie followed—namely, dyspnœa and stridulous respiration. On directing the current of galvanic electricity in the course of one of them, immediately these symptoms disappeared. What would be the explanation of this, given by the disciples of the electro-nervous theory? I conclude it would be the following:—that the nerve, by suffering division, had its current flowing from the brain cut off, and therefore was no longer capable of fulfilling its function; but that, when placed in connection with the battery, this fluid again coursing along it, its action became therefore renewed. Now if this were fact, how comes it to pass, I would ask, that an acid, or any other strong stimulant, applied to the extremity of the divided nerve, renews its action equally well. This I can testify, as also do the experiments of Magendie.

Let me here transcribe the history of two cases, which bear on the foregoing. A man is seized with apoplexy; animation shortly becomes altogether suspended; the usual means of resuscitation fail, viz., bleeding and outward stimuli. At length alcohol and volatile alkali are forced down the œsophagus; instantly the circulation and respiration are renewed, and the man is restored.* Whence comes the electricity in this case? will it be asserted that it was supplied to the nerves through the medium of these fluids? Again, a man is taken out of the water a short time after immersion; the usual means of restoration fail. At length the current of galvanic electricity is directed in the course of the nerves (viz., from above downwards), and after a few convulsive efforts the man revives. Such an instance occurred to Mr. Ferguson, of the Westmeath Infirmary.—Similar results I obtained, some years since, on rabbits, in whom animation was suspended. Similar did also Magendie. Will it be maintained, that the causes which produced these effects were the same; that they both were the results of the electrical force, the alcohol and volatile alkali in the one, and electricity in the other? Will it still be maintained, that the electric fluid, coursing down the nerves, restores them? Would it not be more rational to conclude that they both acted as stimuli, which, exciting the dormant vital nervous principle, set it again into action?

The adherents to this theory assert that every thing is alive. They go still farther, and declare that this life is the result of chemical affinities. Now, as we know that all chemical attractions and repulsions are the result of opposite and similar electric relations of the atoms of matter, it follows directly that all life is the result of the electric force. To argue the reverse would be an absolute absurdity from such premises.

This conclusion was come to lately by a talented philosopher, at this side the water; but he failed to convince his numerous and intelligent auditory.

I well remember being present at an introductory lecture given by a learned professor of anatomy in this city, who (in his usual rhetorical and eloquent strain) likened the human body to the steam engine. "There," said he, "are the pipes, the boiler, the fuel, and the fire, and you have motion. So in the animal you have heart, blood, arteries, brain, nerves, heat, and you have life!"

But this sage philosopher and his metaphor may be likened to a man seated in his boat on the calm waters, with rudder, oars, &c., who becomes incapable of giving himself the least impulse—through what, gentle reader?—through impotence. The first stimulus to action is wanting. That *primum mobile* which influenced the head of a Watt to arrange the pipes, the boiler, the fire, &c., was necessary before he could have given to the world that stupendous machine; that principle recognised of old by a Hunter, that *omne vivum ab ovo* of the ancients, that principle that lay dormant in the root, in the hand of the mummy, for centuries, that, when placed under favourable circumstances, started it into life. If ever there was an instance more forcible than another, to set aside this theory, it lies in the consideration of the lower tribes of animated nature, wherein we neither find a trace of brain or spinal cord, but where we find such a tenacity of life, that when cut, divided, and maimed to infinity, they do not part with it; yet that they possess a nervous system the late researches of Ehrenberg prove. Will it be averred that the ganglions perform the cerebral electric spinal office, when dissection shows them to be a mere interlacement of collateral branches? As regards the electric property of fishes—the isolated fact on which this whole hypothesis is built up—it is most probably another instance, of the many that divine providence has manifested, by giving these creatures a means of defence—(*vide* Humboldt's taking the Gymnotus)—

* This case occurred to the author.

when, having become exhausted of this power, they easily became a prey. If electricity were the true nervous agent, would it not have been very probable that, when deprived of it, death should have ensued? This, however, did not follow, as they regained it in a short time. But if it is entertained that there is a principle in the body denominated vital, and also one called nervous, by what parity of reasoning can it be shown that there is any difference—any line of demarcation between them? as it is well proved, by a variety of facts, that the nerves are sufficient for all the purposes, and that the annihilation of them is the annihilation of life.

Lastly, to give credence to this theory, we never should expect to find a termination to existence; for, as in the inorganic battery, when washed and cleansed, its action may be renewed, so in the great living battery it should never wear out, never cease.

But that which seems to me to fill up the measure of the absurdity of this theory is, what is couched in the following hypothesis—namely, that conformably to the electric doctrine, the brain and spinal cord (not alone being considered distinct batteries) must be viewed as a congeries of electric batteries, in close contact with each other, possessing opposite electric tensions, which (though meagre the assumption) is the only philosophic way I affirm of accounting for the different action of two fasciculi of nerves arising in juxta-position with each other, distributed to the same organ, the one conveying the sentient while the other conveys the motive principle, as well proved by the experiments of Sir C. Bell—an arrangement of batteries adverse to all known electrical facts: for, was it ever proved that a series of galvanic batteries in juxta position with each other, and having different tensions continued so for one hour, not to speak of months and years?

In conclusion, Mr. Editor, I can say that I could have added much more, but do not wish to take up too much space in your valuable journal; nor should I have written on this subject at all, but looking upon it as of the last importance that it should be settled, for otherwise its constant inculcation must lead to scepticism, doubt, and infidelity. *Verbum sat.* I think enough has been adduced to demonstrate that it is another instance of those chimerical fancies of the day, which are perpetually disgracing our profession, and bringing us into contempt with the public; that, like mesmerism, it will meet with a similar fate—be merely had in memory, and as a tale that were told.

October 18, 1841.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

FRACTURE OF THE LOWER JAW.

TO THE EDITOR OF THE MEDICAL PRESS.

39, Dawson-street, Oct. 28, 1841.

GENTLEMEN—Should you think the following case of fracture of the jaw, with drawings of the casts (the one before I had reduced it to its normal position, the other after) worthy of insertion, you will much oblige me if you will give them a place in your valuable periodical.

I am, gentlemen, your obedient servant,

FRANCIS L'ESTRANGE, M.R.C.S.I.

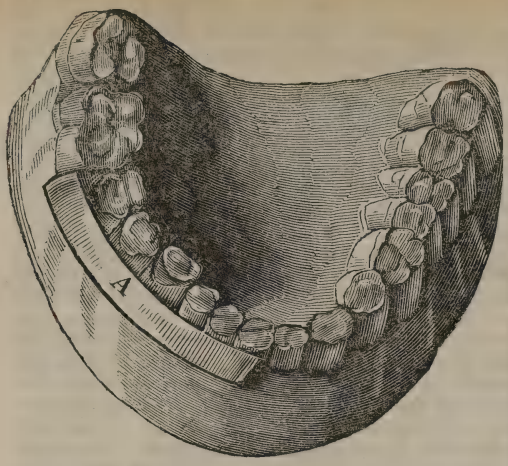
James Fitzsimons, aged 50, a house-painter, came under my care on the 8th of August, 1841, with a compound fracture of the lower jaw on the right side. The following appearances presented themselves:—Great deformity of the jaw, a considerable depression of the right side, the fracture having taken place between the canine and second incisor of that side; the posterior fragment was forcibly drawn to the centre of the mouth by the action of the pterygoid muscles, the right canine tooth was placed behind the second incisor of the left side, articulation very much impaired, and the power of mastication destroyed; there were also small fragments of bone coming away through a small opening in the soft parts under the jaw. A kind of partial union had taken place, which rendered it extremely difficult, even by the greatest force, to bring back the posterior fragment to its original position. I thought it advisable, previous to doing anything, to take the cast, No. 1, which clearly points out the deformity, as stated above.

No. 1.

Fitzsimons states that the accident occurred on the 19th of May last; that he was driving a jaunting-car, the horse shyed at something on the road, threw him off the car, and, when, on the ground, gave him a kick in the face, which produced the above fracture, and total destruction of vision in the right eye. He was admitted into an infirmary on the 21st of same month, and remained in hospital for nine weeks.

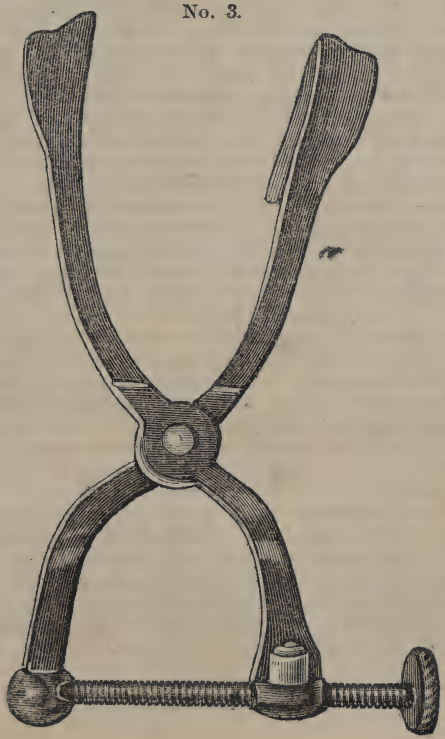
It is obvious from the view of the cast, No. 1, that the ordinary means had recourse to in hospital practice could not bring the posterior fragment on a line with the anterior. I therefore made use of an instrument, which I constructed about five years since, for a somewhat similar case in the Meath Hospital, and which on that occasion answered completely. This I have named the Divaricator, from its obvious use; it has proved in this case also of the greatest utility; as I was enabled to restore the posterior fragment to its normal position in three days. The patient remained under my care until the 27th of August (about three weeks), when he was obliged to go back to the country (having, that day, received information of the death of his brother). Previous to his leaving me I took

the cast No. 2, and applied a small plate of silver (marked A) on the outside of the teeth, to prevent displacement.



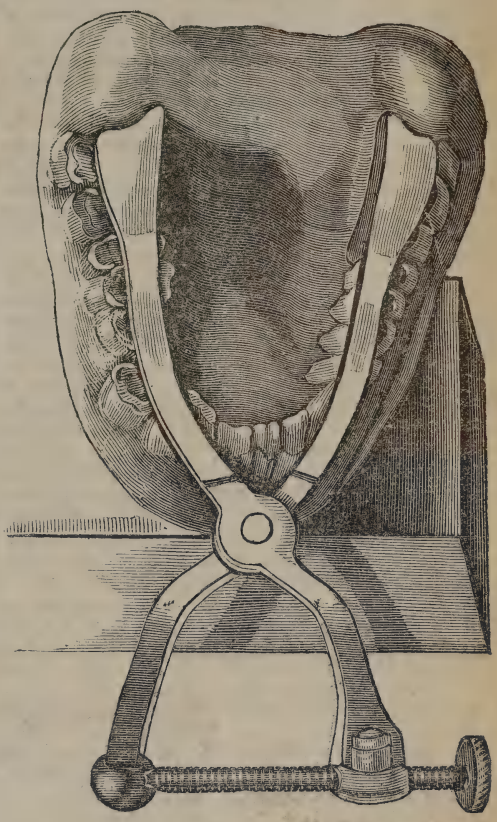
No. 3 is a view of the Divaricator: this portion of the instrument which I have made for fractures of the lower jaw, is to model the jaw if shattered, after all inflammation has been subdued, and when union in a slight degree has taken place. By means of this a proper form can be given; or, if there has been a fracture of the jaw between the teeth, where the action of the pterygoid muscles draws the posterior fragment toward the centre of the mouth; by the Divaricator it can at once be brought to its normal situation; thus—place the internal portion of the Divaricator, closed, in the mouth, then open the Divaricator, and insert the pins between two of the molar teeth; now the perpendicular plates will rest against the internal surface of two or more teeth, and by turning the screw which passes through the balls at the extremities, the internal shafts will be divaricated, and consequently the portion of the jaw which was drawn toward the centre of the mouth will be pushed out to its normal situation.

No. 3.



No. 4 is a view of the instrument in action, in the case treated in the Meath Hospital: it was a fracture between the first and second bicuspid teeth; the posterior or temporal portion was drawn considerably inwards toward the centre of the mouth.—Age of patient, 14 years. By the use of the Divaricator only, the posterior portion was pushed out on a line with the anterior, and kept so. The patient left the hospital perfectly well in three weeks.

No. 4.



EXTRACTS FROM PERIODICALS.

ON THE EXTREME RAMIFICATIONS OF THE MINUTE ARTERIES AND VEINS IN THE COATS OF THE INTESTINES. BY DR. GADDI, OF MODENA.

Dr. Gaddi has instituted some researches on the mode of termination of the arteries and origin of the veins in the coats of the intestines, by injecting pure water coloured with cinnabar for the arteries, and indigo for the veins, in children from two to five years of age, unaffected by any intestinal disorder.

The arteries were filled by a general injection from one of the carotids, the current being directed towards the heart; the veins from one of the mesenteric.—When the injection was successful, Dr. Gaddi has observed constantly that the trunks of the intestinal arteries were guided by the peritoneal duplicature to the external layer of the muscular coat of the intestinal tube; they turn around this tunic, and penetrate it, dividing into an infinite number of anastomotic arches, more and more delicate, which traverse the second muscular coat to arrive at the submucous cellular tissue. There they all terminate in a thick tuft

of almost imperceptible arterioles, not one of which ever penetrates into the mucous membrane, or terminates by a free orifice. The veins, on the contrary, always arise on the free surface of the mucous membrane by three, or at most four veinules, which in most cases have a visible funnel-like orifice, and immediately after penetrating the substance of the membrane, they converge together and unite in the submucous tissue, in a vesicle from which a very fine venous trunk arises, which latter soon associates with the trunk of the artery; passes with it to the muscular layers, where it divides; re-unites into trunks of larger and larger size; and lastly leaves the intestinal walls, and passes between the folds of peritoneum.

The tuft of very minute arterial ramusculi just described envelopes the venous vesicle ["in a sort of atmosphere"], so that it is there that the artery discharges itself. The vesicle is the point where the arterial takes the character of venous blood; and it is also the point which puts the two systems in communication, as Dr. Gaddi was assured in the rare cases where the arterial injection penetrated to the venous trunks, to the vesicle, to the branches, and even into the cavity of the intestines. On removing and examining with the greatest care the mucous membrane alone, he has never seen an artery nor venous vesicle, but only the venous radicles in radii. This vascular disposition is constant throughout the whole length of the intestinal tube, from the cardia to the rectum; but it offers some varieties: thus the mucous membrane of the stomach is better provided with venous radicles, especially towards the pylorus, than that of the duodenum; and they always diminish in number towards the rectum, the quantity being much less in the larger than in the small intestines.

It follows, therefore, that the generally admitted opinion of anatomists that the arteries and veins communicate by means of an intermediate capillary system, is not correct as regards the intestines; that intestinal absorption is sufficiently explained by the capillary attraction of the venous tubes; that this anatomical disposition accounts for the rapidity with which certain substances penetrate into the circulatory system, and which could not take place through the long circle of chyliferous lymphatics; and lastly, it also explains the occurrence of hæmatemesis and melæna, which are nothing more than venous hemorrhages of the gastro-intestinal mucous membrane.—*Revue Medicale, Juin*, 1841. (From *Memoriale della Med. Contemp.*)

BRITISH MEDICAL ASSOCIATION—FOURTH ANNIVERSARY MEETING.

Dr. Webster, the President, in the chair.

The fourth annual meeting of this association was held at the London Tavern, Bishopsgate-street, on Thursday, the 21st inst. The attendance was very numerous.

The President, on taking his seat, said, that he was happy to have the honour of presiding on the fourth anniversary of the association. He was the more gratified, because, when the association was formed, not only had it to contend with considerable opposition, but no little ridicule was cast upon it. It was both said that there was no necessity for forming the association, and that those who proposed it were neglecting more important duties; but the association replied, that they promoted the utility and science of their profession by removing the many barriers which opposed both. Various other objections were also urged. Its principles, however, had since been adopted through the length and breadth of the land, showing that the objects it first contemplated, and to which it rigidly adhered, were legitimate, right, and necessary. He would, at the risk of repetition, briefly enumerate those objects. The first was to uphold the dignity of the profession, which, he considered, would best be done by increasing its usefulness and its respectability. They were at the present moment without anything like a medical government, and therefore, to begin at the beginning, the first thing they required was a *representative* medical government. That would be effected by incorporating all legally-qualified members of the profession into one faculty, with a representative council. It was desirable that the education, the qualification, and the examination of all those who in future should practise medicine should be uniform, and that uniformity ought to constitute the basis of equal rights and privileges. The second object they had in view was to obtain, as he had stated, equal professional rights and privileges. Having uniformity of qualification, that would follow as a natural circumstance. But in touching upon the uniformity of qualification and equal rights and privileges, he must be allowed to say, that the association had not the slightest intention of doing away with the distinctions, now existing, of consulting and general practitioners. The third object was, the removal of professional grievances. He referred, as examples, to the present unjust and unfair appointments to hospitals, public offices, lectureships, inspectorship of prisons, &c., down to parish unions and workhouses. Were those appointments now bestowed according to merit? Were they given to those who were best qualified to hold them? He thought that every gentleman present would answer, "Certainly not." The fourth object was to amend the constitution of the existing medical corporations. The members of this association had been called destructives—destroyers of the corporations; but that was not their character. They wished to see a representative system of government introduced into the corporations; that those corporations should exercise and enjoy their full privileges apart and distinct from the general incorporation of the profession, and, instead of the self-government and self-election to the different offices in those institutions, election by the commonalty or members at large. The fifth point was the formation of a benevolent fund. He always felt a degree of jealousy in contemplating it as a *benevolent* fund. It ought to be an annuity fund, to which the applicants should go as a matter of right. But until such a plan was carried out, he had no objection to a fund that would relieve the distresses of their less successful brethren, their widows and orphans. The sixth point they had in view was, to promote union and cordiality amongst themselves, and honourable feelings towards each other. He trusted that the members mustered on the present occasion,—the harmony, unanimity, and social feeling which would be exhibited during the evening,—would show that the members of the British Medical Association were united sincerely, heart and hand, in the objects they had in view. He congratulated the meeting upon the success which had already attended their exertions, and he was perfectly sure that before long they would attain all the ends they had in view. (Hear, hear, and applause.) The worthy president concluded by reading the names of the council and officers who had been elected by ballot for the ensuing year, as delivered in by the scrutators.

Mr. Harrison, the zealous and indefatigable secretary, then read the report, which we give very fully. It commenced with the congratulations of the council to their fellow members on the progress of the association, and to the profession generally, on the advancement of the great questions of medical reform, in which, in fact, every individual in the

empire was deeply interested. The report then proceeded thus :—

NEW MEMBERS AND AUXILIARY BRANCHES.

Since the last anniversary meeting 52 new members have been admitted, and within the year three new auxiliary associations have been formed, viz., the Cornwall, the South Devonshire, and the West Somerset, comprising a large number of members in each of those counties, pledged to promote the respectability and the reform of the profession in their respective localities. The numerous other associations previously formed in England, Scotland, and Ireland, have been actively engaged in the good cause, and there are prospects of similar associations being formed in counties where none at present exist.

MEDICAL REFORM.

It is unquestionable that medical reform has made more rapid and substantial progress, both in and out of the profession, during the past year than in all the preceding years of its existence. The first great move was made by this association at its last anniversary, by proposing that a medical conference should be held in London, to promote the cause of reform both in and out of Parliament. This was promptly responded to by the different associations of England, Ireland, and Scotland ; and the conference, consisting of twenty-four delegates from eleven associations, including some of the brightest ornaments of medical science, assembled at Exeter Hall, on the meeting of Parliament, in February last.

The report then proceeded as follows :—

The question now is, What future steps should be taken to promote the cause of medical reform? Will it be proper to wait for the promised measure of the corporations ? Would that measure be sufficiently liberal to satisfy the just requirements of the profession and the public ? Certainly not. What then should be done ? The council are of opinion that the principles which have been always held by this association, and those which have been lately recognised by the numerous other reform associations in conference assembled, should be laid before the Ministers of the Crown, and that they be requested to take up medical reform as a government question, upon those principles. At the same time it should be clearly explained, that such principles do involve neither the destruction nor the injury of existing institutions, nor the extinction of the present orders of the profession, of consulting and general practitioners, as has been too frequently, but unjustly, alleged by the enemies of reform.

Should the government refuse to undertake this duty, then the profession must introduce a measure during the next session of Parliament, for which the way has been prepared by the promises of support received from numerous members during and since the late elections. As co-operation and unanimity are of vital importance in furthering the cause, it is highly desirable that a permanent joint committee should be formed in London, composed of delegates appointed by the numerous associations which now exist in the three kingdoms (in short, a general representative medical council), to take such steps as occasion may require, not only on this but on other important questions connected with the profession. The council, therefore, suggest that such a general plan of co-operation should be recommended to the various medical associations of the empire.

QUACKERY AND ILLEGAL PRACTICE.

These questions, though naturally allied, are yet considerably different. Quackery may be practised by either legal or illegal practitioners; while illegal practice is carried on by the unqualified, such as chemists, and other *pretenders* to medical knowledge. The council have always considered that the effectual suppression of both these evils must greatly depend on the better regulation of the profession ; in other words, on the success of medical reform. It is believed that quackery, in the sale of quack and patent medicines, is much less injurious to the public health, than the illegal practice of chemists and other unqualified practitioners. If quackery slays its thousands, illegal practice kills its tens of thousands. This state of things we owe almost entirely to the culpable supineness of the College of Physicians and the Apothecaries' Company. The College of Surgeons, it is generally believed, has no power to interfere, though in referring to their last charter and the previous Acts of Parliament on which it is founded, this is very doubtful; but the other two bodies possessed sufficient powers to abate all such grievances, if they had exerted them, as it was their bounden duty to have done ; for it should be observed, that all their charters, Acts of Parliament, or privileges, proceed upon the principle of their providing qualified and competent medical practitioners for the service of the public, and of suppressing all illegal practitioners and quackmongers as injurious to the welfare of the community. On carefully examining every Act of Parliament and charter which has ever been granted to the medical corporations, the public health is the sole and ostensible object on the one hand, while the punishment of quacks and illegal practitioners is enjoined on the other. But the present state of medicine in this country most lamentably shows how these powers thus ceded to them for the public good have been abused or neglected : it may be that the two Royal Colleges consider it below their dignity to protect the public or their members from the effects of quacks or illegal practice; but the *fact* is *certain*, that they have allowed their powers to become obsolete, and no prosecution has been instituted for this salutary purpose for many years.

The Apothecaries' Company, however, the youngest of the corporations, has been more active in discharging its duties in this, and, with praise be it said, in many other respects, than either of the Royal Colleges. It is true that actions have as frequently been brought against *really qualified* practitioners (graduates in medicine and members of the College of Surgeons) as against the *really unqualified*, the ignorant, and the uneducated ; and the letter of the law has been enforced too often against its spirit. An important decision has recently been obtained, which reflects great credit on the company for the perseverance and spirit with which it has been pursued to a successful issue. It has been at length solemnly decided, after two trials and an argument in the Court of Queen's Bench, that chemists and druggists, who have been long usurping the duties of the qualified medical practitioners, *are not entitled* to *advise*, *administer*, or *prescribe medicines for the sick*, but only to buy, prepare, compound, dispense, and vend drugs, medicines, and medicinal compounds, wholesale and retail. Though the practice has been acquiesced in, it is also very doubtful whether chemists and druggists have any *legal right* to dispense the prescriptions of physicians and surgeons, and a clause in the Apothecaries' Act specially assigns this duty to the duly qualified and examined apothecary.

Many most flagrant and afflicting cases of the malpractices of the lower classes of chemists in pretending to treat disease have come within the cognisance of members of the council; indeed, they every day become cognisant to medical men in their practices, wherever there are chemists' shops. It is to be hoped that a system which has proved so injurious to the public

will not longer be endured, and that nothing more will be heard of "the right to prescribe" for the poor, and in minor ailments for all classes, which chemists and druggists have been recently so boldly claiming. The recent decision will, no doubt, have a very salutary effect in checking illegal practice; and it is much to be regretted that the Apothecaries' Company had not long since tried the question; but it is obvious that the present machinery, by an action at law, is much too expensive and dilatory.

A very simple and efficient mode of dealing with quacks and illegal practitioners might be followed: first, let the government at once withdraw its sanction of a stamp-duty from quack medicines, and forego the trifling revenue derived from such a dishonest source, which only amounts to £31,400 on the average of the last five years; secondly, no reform bill will be perfect which does not prevent any but the legally-qualified and duly-licensed practitioner from undertaking the responsible duties of the medical profession; thirdly, let a clause be inserted allowing a common information for illegal practice to be laid before any magistrate, who should have power to summarily fine and imprison, unless the accused can produce proof of being a legally-qualified practitioner. Should an efficient reform bill encounter unforeseen difficulties, it will then become a question whether a separate measure should not be sought from the legislature, with the view of removing some of the crying evils of quackery and illegal practice.

In concluding this subject, the council cannot help alluding to the unwearied exertions of Dr. Cowan, of Reading, and to his valuable pamphlet against quackery.

POOR-LAW QUESTION.

It is greatly to be lamented that this question, so important to the public and to medical practitioners, should still remain in the present unsettled and unsatisfactory state. The council have directed their best exertions during the past year to obtain an amended system of medical relief, and they appointed a poor-law committee to watch the subject in parliament. The poor-law committee of the Provincial Medical Association transmitted certain clauses on this subject for consideration; these were similar in principle to the plan formerly adopted by this association, and laid before the poor-law commissioners (see report for 1840), being founded mainly on the recommendations of the medial evidence taken by the parliamentary committee in 1838. After careful examination, some alterations in the details were proposed by this council, and agreed to by the Provincial Association, when a conference took place between Mr. Sergeant Talfourd, M.P., and Mr. Wakley, M.P., and deputies from the British, the Provincial, and the North of England Associations. Both the members of Parliament were of opinion that the clauses were too numerous and complicated to have the slightest chance of passing the legislature, and recommended that a simple plan should be prepared that could be readily understood by the house; but on carefully going over the clauses seriatim, there was great difficulty in omitting any of them without destroying important parts of the plan agreed to. It was then proposed, that the deputations, accompanied by Messrs. Wakley and Talfourd, should wait on Lord John Russell, which they accordingly did, with the view to obtain, if possible, his sanction (as mover of the poor-law bill) to the amended plan. His lordship objected to a medical director and to other proposals, but promised to give the subject his best consideration. Messrs. Talfourd and Wakley then undertook to watch the subject, and agreed to place certain of the clauses on the notice book of the house: Mr. Wakley also provided for another plan being brought before the house, should the more extended one be thrown out. This plan of allowing the poor to choose their own attendants from a list of legal practitioners in their neighbourhood, by tickets bearing a fixed value, had also been proposed by this association as plan No. 2, in their report to the poor-law commissioners in 1839. It was printed in the second report of the commissioners for 1840, and was much simpler, and, it is believed, on further consideration, would prove much more satisfactory both to the poor themselves and to the members of the profession than any other. Neither of these plans was, however, brought under the consideration of the house, in consequence of the postponement of the general question.

In the last report of the poor-law commissioners a more conceding spirit is evident in *their words*, but as heretofore *their deeds* have ended in *nothing*; firstly, they have repeatedly recommended to the guardians that medical tenders should be abolished; secondly, that the pauper list and payment-per-case system should be adopted. But it seems that the guardians have paid no attention to either recommendation, or rather they are *averse* from both; and the commissioners, apparently, have not the power to enforce the plans they approve of, or they do not choose to exert it. They notice also the extent and population of overgrown districts, but think it would be impossible to establish limits by direct enactments; and they approve of union officers having the double qualification of surgeon and apothecary, but they do nothing to carry out so desirable an object.

No little jealousy is shown as to medical officers possessing power to order extra nourishment to sick paupers; this is in future to be denied to them in out-door cases, lest their sympathies should overcome their judgment. Such trifling is lamentable, and it is earnestly to be hoped that something decisive will be done, in next session of Parliament, to improve the system of medical relief, and to ensure a sufficient quantity of proper nourishment to paupers both in and out of the workhouse.

VACCINATION QUESTION.

This, like the poor-law question, requires complete remodelling; the pittance allowed for the operation, regulation, &c., by the commissioners, especially to our Irish brethren (being no other than 6d. per case), is disgraceful to the country and to the profession. Instead of contracts with a few, the practice of vaccination should be open to *all* legally-qualified practitioners, and not less than 2s. 6d. should be offered as the minimum remuneration. Unless this be adopted, the Vaccination Act will prove a heavy blow and great discouragement to the practice. The question must not be lost sight of in connection with poor-law amendment proceedings.

CERTIFICATES TO LIFE-ASSURANCE OFFICES.

The opinions and practice of the council and members of the association have not altered on this subject: they continue to return unanswered all applications from assurance offices for certificates of health which do not contain a fee. This is now acting very beneficially, by forcing attention to the subject on the offices and on the public, and all the newly-formed offices and several of the old ones are adopting the plan of allowing fees in all cases where medical gentlemen are applied to.

FINANCES.

The council take this opportunity of impressing upon the members of the association the absolute necessary of punctually paying up their subscriptions. Without attention to pecuniary matters there can be no stability, and as the association will be called upon in the coming session of Parliament for increased

exertions, there will necessarily be increased expense. The treasurer is not in advance to the association, but were the outstanding subscriptions paid up, there would be a considerable balance in its favour. Members are reminded that by one of the fundamental laws *notice must be given in writing* to the secretary by any gentleman who may wish to retire.

BENEVOLENT FUND.

This fund is in a prosperous state, but as its chief support is derived from the third part of all the annual subscriptions of the members, if these are not punctually paid the fund must suffer in proportion. Many applications have been made for relief during the year, some of which, on strict inquiry, were unworthy of attention; but several deserving cases have been selected and relieved with sums of various amounts, which proved of the greatest service to the individuals. Some of these were widows of medical men.

GENERAL PROCEEDINGS.

There are many other proceedings of the council which cannot be separately considered. First, delegates were appointed to attend the medical conference. Secondly, petitions have been presented to parliament for medical reform, and for amendment in the poor-law. Thirdly, deputations have waited on Lord John Russell, on the poor-law question; on Messrs. Warburton, Wakley, Hawes, and others, on medical reform, and on all the metropolitan candidates on the same subject, during the late election, and many of our country members have followed our example. Fourthly, the council have anxiously cultivated friendly relations with other associations, and have assisted by all means in their power the formation of similar societies in new localities.

A deputation, consisting of the President, Doctor Marshall Hall, and Mr. Bottomley, attended the meeting of the Provincial Association at York, to induce an active co-operation on medical reform. The result has been laid before the association in a separate report.

In conclusion, the council again congratulate the members and the profession on the progress of liberal and just opinions, and entreat them not to relax in their laudable and zealous efforts till they have placed the profession in the position of respectability and public usefulness, which it ought ever to occupy. (Loud cheers.)

The report having been received, several resolutions were adopted; among which were the following:—

Mr. E. Crisp moved—

"That this association being desirous of cultivating union with the other medical reform associations in England, Ireland, and Scotland, resolved that they be invited to appoint representatives to act with the council of this association in London, as a permanent joint committee, in taking such steps as may be necessary for promoting any parliamentary measure, and the various questions connected with the dignity and welfare of the profession."

Seconded by Mr. George Bottomley, of Croydon, and carried unanimously.

Dr. Jordan Lynch felt great pleasure in proposing the fourth resolution:—

"That the principles of this association contained in its outlines of medical reform, and those recognised by the Medical Conference of Great Britain and Ireland, comprising incorporation of the whole profession, representative government, and uniform qualifications and equal privileges, be laid before the Ministers of the Crown, and that they be requested to bring the subject of medical reform before parliament, on these principles' as a government measure.

Seconded by Doctor Ifill, and carried unanimously.

Dr. Marshall Hall rose to move—

"That as many persons from ignorance or design speak of the destruction of existing medical institutions, and of the present distinctions of the profession into consulting and general practitioners, as principles of this association, resolved that such a statement is a complete and unjustifiable misrepresentation of those principles."

Carried unanimously.

Mr. Joseph Howell moved—

"That this association will not relax their efforts to obtain an amended system of poor-law medical relief, and improvements in the Vaccination Act, during the ensuing session of Parliament."

Carried unanimously.

Professor Grant subsequently delivered the annual oration on medical reform, which was received with much applause.

After the meeting a numerous party of the members dined together, Dr. Webster presiding.

QUEEN'S BENCH.

TUESDAY, NOVEMBER 2.

Mr. Carey moved on behalf of the Medical Association of Ireland, that the grand jury should direct Arthur Baker Esq., the treasurer of the County of Dublin, to pay Dr. Thornhill the amount of an order given by the county coroner, in consideration of Dr. Thornhill's attendance on an inquest pursuant to a summons from the coroner.

It appeared that Dr. Thornhill, who resides in Skerries, was summoned in conjunction with a medical gentleman named Custis, and having given their evidence upon the inquest, the coroner gave Mr. Custis an order on the treasurer for the sum of £4 10s., and to Dr. Thornhill a similar order for £2 10s. Dr. Thornhill on presenting his order to the treasurer, was informed by him that he had previously paid the amount of the order to Custis, and refused to pay the second order. It is evident that the treasurer was labouring under a misapprehension of his duty, as it was incumbent upon him to pay the amount of the order. The 10th Geo. IV., cap. 37, Sec. 3. enacts,

"That whereas, at inquests held by Coroners upon the bodies of deceased persons, great difficulty exists in procuring the attendance of witnesses duly qualified to give evidence as to the cause of the death of such persons, by reason of the want of any power to remunerate such witnesses for their trouble and loss of time, it shall be lawful for any Coroner, before whom any physician, surgeon, apothecary, chemist, or other perso- practising medicine or surgery, shall, in pursuance of n summons from such Coroner, attend and be examined rea lative to the death of any deceased person, grant to such witness an order signed by such Coroner, upon the treasurer of the county in which such inquest shall be held, for such sum not exceeding five pounds, as to such Coroner shall seem fit, and the treasurer upon whom such order shall be given, shall pay the same to the person presenting it, and the amount of such payment shall be raised off the county by the grand jury, in like manner as other sums authorized to be presented and levied by such grand jury."

Judge Burton—Would you press your construction of this section to the extent that it was incumbent on the treasurer to pay as many orders as the coroner thought proper to give?

Mr. Carey—Such would undoubtedly appear to be the construction of the section; but as the statute gives a discretion to the coroner, it is to be presumed that such discretion will be reasonably exercised. It is for the grand jury to decide whether this be a *bona-fide* claim, and the amount ordered is a reasonable recompense for a medical gentleman attending upon an inquest.

Sir ROBERT SHAW (one of the grand jury)—The grand jury have come to a resolution to pay no more than one order.

Mr. CAREY—Under peculiar circumstances that may be a salutary regulation, but it is most unreasonable when applied to a *bona-fide* case, as we are ready to satisfy the grand jury that it is, and it cannot be supposed that the time of medical gentlemen can be commanded, and their evidence enforced without adequate remuneration. At all events the statute renders it compulsory upon the treasurer, and no rule of the grand jury, however salutary, can annul it. Dr. Thornhill is now ready to go before the grand jury, and will satisfy them upon the justice of his claim. It is most desirable that the principle of this question should be settled, as it is of the utmost importance to the medical profession.

Judge CRAMPTON—It appears that the grand jury have come to a regulation not to allow remuneration for the attendance of more than one medical witness, and we suppose that they must have had good reason for so doing.

Mr. CAREY—All we seek is, that the court will explain the law to the grand jury, who will then, if satisfied of the justice of the claim, present the amount as required by the statute.

COURT—You have your remedy against the coroner or may make such application to the grand jury as you may think proper, but we shall not interfere in the matter.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.

The President and Fellows of the College of Physicians, accompanied by the Honorary Fellows and Licentiates, waited upon his Excellency the Lord Lieutenant at the Viceregal Lodge, on Tuesday the 2d inst., and presented the following Address, which was read by the President, Sir HENRY MARSH, Bart.: —

"To his Excellency Thomas Philip Earl de Grey, Lord Lieutenant General and General Governor of Ireland, &c. &c. &c.

"The Address of the President and Fellows of the King and Queen's College of Physicians in Ireland.

"MAY IT PLEASE YOUR EXCELLENCY,

"We, the President and Fellows of the King and Queen's College of Physicians in Ireland, beg leave most respectfully to approach your Excellency to offer our warmest congratulations on your arrival in this country, and to tender the homage due to you as the Representative of our beloved Sovereign.

"We recognise in the appointment of a Nobleman of exalted character and high mental endowments a fresh proof of her Majesty's solicitude to promote the prosperity and happiness of this portion of the United Kingdom.

"We beg to assure your Excellency that we shall endeavour by cultivating and extending the boundaries of the sciences, to assist, within the limits of our sphere, in diffusing feelings of benevolence and mutual forbearance, and in attracting attention to those intellectual and peaceful arts, which tend most to the permanent benefit and improvement of mankind.

"We cordially unite in wishing your Excellency, Lady de Grey, and the members of your family all happiness, and we indulge the pleasing anticipation that your efforts for the public good may be crowned with complete success.

"HENRY MARSH, Bart., M.D., President.
"JONATHAN LABATT, M.D., Registrar."

HIS EXCELLENCY'S REPLY.

"MR. PRESIDENT, AND FELLOWS OF THE COLLEGE OF PHYSICIANS,

"I receive with many thanks your Address of Congratulation upon my arrival in this country, a tribute of loyalty and affection offered to me as Representative of our Sovereign, but couched in terms so flattering to myself personally as to call for my warmest acknowlegments.

"I am as yet a stranger amongst you. You are pleased to welcome me with assurances of your kind feelings, formed upon my character elsewhere. I trust that a longer acquaintance with my principles may tend to establish me in your estimation, and that my conduct in this country may be such as to confirm the good opinion which you have formed by anticipation.

"I rely with confidence upon your endeavours to assist in diffusing feelings of benevolence and forbearance amongst your fellow-subjects. The noble and intellectual nature of your profession, whilst it withdraws you from the excitement of political strife, affords many opportunities of inculcating principles of peace and forgiveness, at moments when the human mind is peculiarly susceptible, and when opportunities of subduing the angry passions may be advantageously used to the benefit and improvement of mankind.

"Whatever assistance it may be in my power to offer in furtherance of that honorable and meritorious line of conduct, shall be heartily at your service, and it will be a source of the highest gratification to me to think that our mutual efforts may be attended with success."

POOR-LAW INTELLIGENCE.

SOUTH DUBLIN UNION.

At the weekly meeting of guardians, held on the 4th instant, the Chairman read a letter from the commissioners, from which the following is an extract:—

"Poor Law Commission Office,
Nov. 3, 1841.

"SIR—In reference to the increase proposed to be made in the salaries of the medical officers of the union, the commissioners desire to state that they have read the report of Sir Henry Marsh and Dr. Cusack, to the effect that the sum of £60 per annum is not a sufficient remuneration to a perfectly qualified physician or surgeon for the labour, time, and care, essential to the due discharge of the duties of medical officer to the workhouse, and have bestowed their best consideration upon the resolution of the board of guardians, requesting them to raise the salary of each of the three medical officers of the workhouse from £60 to £100 a year.

"The commissioners have on former occasions repeatedly expressed their unwillingness to augment the expense of this department of the workhouse, which, exclusive of the cost of medicines, and of extra diet, amounts to at least £240; for the value of lodging, rations, and other emoluments allowed to the resident apothecary, cannot be estimated at less than £60.

"You are already aware that the amount of salary paid to the medical officers of the Dublin workhouses is proportionably higher than that paid in other Irish unions; and the commissioners, upon referring to a statement of the salaries of medical officers of workhouses in London, Liverpool, Sheffield, Nottingham, and Leicester, do not find one in which the amount, exclusive of the cost of medicines, which in most instances in England are provided at the expense of the medical officers, equal the amount paid in each of the Dublin workhouses.

"Under these circumstances the commissioners, feeling that upon them, and not upon the board of guardians, lies the responsibility of fixing and regulating the salaries of paid officers, must adhere to their former opinion, and decline to augment the remuneration of the three medical officers of the workhouse in the way proposed.

"But the commissioners would suggest the following course for the consideration of the board of guardians, without, however, wishing to disturb the existing arrangement, should the present medical officers not object to its continuance:—

"In the event of the present medical officers being unwilling to continue their services, the commissioners would consider it advisable, should no qualified persons propose themselves as candidates to the vacant offices at the present salaries, to consolidate the offices and salaries of physician and surgeon. There are in Dublin medical

gentlemen eminently qualified to practice in both branches of the profession, from among whom a perfectly competent officer could be selected! and the commissioners entertain no doubt that a salary of £100 or £120 a year would secure for the guardians the services of such an officer.

"The commissioners report that this suggestion is merely made to meet the possible case of a resignation on the part of your present physician and surgeon on the ground of insufficient remuneration,

"By order of the Board,
"ARTHUR MOORE, Chief Clerk.

"To the Clerk of the Board of Guardians,
South Dublin Union."

Sir Robert Shaw said he believed the subject was brought under the notice of the board the last day; they spoke of it in an irregular manner; but he intended to take up the subject regularly at present.—The board had three or four times recommended the salary of the physician and surgeon to be raised without thinking of the apothecary. Now, he gave notice that on that day week he would move the following resolution:—

"That the officers of this institution being elected by, and under the controul and management of this board, the board is fully qualified to form a correct judgment of the remuneration which should be allotted to each officer; and having already twice unanimously supported an increase of salary to the physician and surgeon, on the broad principle of justice, we are still of opinion that their salaries should be increased; and although we should prefer any course than that of coming into collision with the commissioners, still we cannot agree in the propositions laid down in the commissioners' letter, fully satisfied that one medical gentleman could not perform the duties efficiently, even for any salary, as the two present medical gentlemen are occupied, even during the healthy season, nearly five hours daily. Under these circumstances we, as guardians, are determined to pay our medical officers at the rate of £100 per annum; and in case the law gives the veto to the commissioners, we request to be relieved of our duties as guardians."

MEDICAL INTELLIGENCE.

MEDICAL CORONER.—Mr. John Ness, of Helmsley, Surgeon, was on Wednesday last elected coroner for the county of York. Mr. Ness was proposed by the Rev. George Dixon, and seconded by Sir John Simpson—both these gentlemen, in their speeches, professing to support a *medical* candidate on the ground of his peculiar fitness for the office.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 10, 1841.

IMPROVEMENTS IN MEDICAL EDUCATION.

HOWEVER, alterations in the management or government of the medical institutions may be objected to by those deriving income from the operation of the present system, it is gratifying to see that public opinion has its influence on them, and that improvements are adopted in practice, which in discussion are deemed inexpedient or unnecessary. Colleges which have for the last ten or fifteen years uniformly refused to co-operate with other bodies, for the attainment of objects now so much desired by the majority, are, we now well know, engaged with shut doors in devising plans involving important alterations in their organization. Of this we have abundant evidence at this moment before us, and we congratulate our brethren both in town and country upon it; because, as we have fifty times said, the grand evil of the present system is its effect in swamping our profession with imperfectly educated persons allured to it by the cheap rate at which medical and surgical authorities to practise, are obtained. We are most anxious to lose no opportunity of recording this our opinion, because we well know that the time is not far distant, when every practitioner in the country, must feel, in his own case, the pernicious effects of the course to which we allude. It is not merely the facilities provided for the acquisition of diplomas, or the cheapness of the education; but the inducements afforded to individuals to exert themselves to increase and perpetuate the mischief: the making of doctors and surgeons has now become a source of income to hundreds, and the collecting of pupils to *listen* to lectures, an object of the most intense competition. Hundreds therefore are engaged in recruiting for the annual service of the schools, and corresponding numbers are induced to join the ranks of a crowded profession, who previously never thought of such a thing. This evil is on the increase from various causes. Apothecaries must have some one to do the work of the shops. The shopmen or foremen for whom the apothecaries act made provision, are not to be had, and therefore an apprentice must be provided. The duties imposed on such assistants, are in the majority of cases, such as are suited to persons in the more humble stations, and consequently, generally speaking, it is from that class that they must be procured. Presently the apprentice and his friends discover, that he cannot live by the pursuit to which they have devoted him, that there is not lucrative employment in the business for one tenth of those engaged in it, or demand for the articles they have to sell sufficient for the support of one twentieth. What is the alternative? He must either return to the place from whence he came, or be transformed into a doctor. The latter course is naturally preferred. Nay the poor boy has no alternative, for the worthy directors of "the hall" decree in the very teeth of a positive statute, that not only a doctor he shall be, but that on no other terms will they permit him to become an apothecary, thus swamping and ruining our profession, and embarassing if not extinguishing their own. We have lately had occasion to allude to another cause, calculated to increase the evils to which we allude; the multiplication, over the country, of what are called medical schools, but which will in the majority of cases, turn out to be nothing more than concerns to facilitate puffing. Every one of these will constitute in its locality, a recruiting depot, for the medical service, and additional doors by which boobies fit for nothing else in the world, may squeeze themselves into the crowd.

The cure for all this is obvious; let no man be permitted to acquire the title of physician or surgeon, without education conducted *bona fide*, and proofs of qualification, which cannot be questioned. We have been induced to make the preceding remarks by an announcement from the London College of Surgeons, that they propose to co-operate with other institutions practically to effect this object. The candidate for their diploma must in future attend to the medical practice of an hospital for one year, and the surgical practice for three; four years in all of actual practical study; nine months at least in each year. This is at the present moment a great practical improvement, and if honestly and rigidly enforced, must have a most beneficial effect. Another regulation if enforced will prove still more beneficial. The date at which the student commences his attendance on any hospital or course of lectures, as well as the date at which he ceases to attend must be "*clearly expressed*" in his certificate and "*no interlineation, erasure, or alteration will be allowed*," in other words, certificates stating

that Mr. So and So attended "this hospital or the lectures" during the session or for six months will not in future be accepted. They must specify the actual attendance, so that the economical gentleman who comes up to town in February, and returns home in the middle of April, cannot in future provide himself with a certificate that he has attended for six months, and any physician or surgeon of an hospital or professor or lecturer in a school, who grants such a certificate, does so at his peril. Hitherto gentlemen salved their consciences by certifying that the student coming up in February and going down in April, attended the lectures which commenced in October and ended at May; that is, they certified that the lectures commenced, but not that the student commenced attending them. This must be at an end, and the certificate must only contain the actual attendance, let the student make what use he pleases of it. While expressing our gratitude to the council of the London College for these improvements, let us at the same time be permitted to entreat them to carry them out firmly and impartially, and not to enter into any compromise with individuals to enable them to evade them. Above all things let them not be annulled or weakened by private communications from their secretary Mr. Balfour, or any one else. If the laws enacted by the College, be not intelligible as they stand in print, let them be made so, but let us have no more epistolary effusions by way of commentary, or explanation for the benefit of this person or that, or to be used by candid gentlemen in their class rooms to bamboozle green horns.

ANOTHER INSTANCE OF POOR-LAW WISDOM.

We need scarcely offer a comment upon the letter of the poor-law commissioners to the guardians of the South Dublin Union, respecting the salaries of the medical officers, which we this day publish. Like every thing else proceeding from the same source, it bears the genuine marks of its origin. Modesty, delicacy, candour, and gentlemanly feeling, (of the true Nicholls and Phelan sort,) characterize this joint production of the genius of those enlightened men—those *Arcades ambo;* whose every movement demonstrates the original fitness of their union. A few weeks ago, we published Mr. Denis Phelan's graduated scale of the degradation of medical officers of workhouses, with his observations thereon, in the course of which it is hinted, that the poverty of the apothecary profession, might, by judicious management, be converted into an instrument for a further lowering of that miserable scale. Mr. Denis Phelan then couched his hint in general terms; now Mr. George Nicholls *loquitur*, and the hint is developed and practically explained:—

"In the event of the present medical officers being unwilling to continue their services, the commissioners would consider it advisable, should no qualified persons propose themselves as candidates to the vacant offices at the present salaries, to consolidate the offices and salaries of physician and surgeon. There are in Dublin medical gentlemen eminently qualified to practice in both branches of the profession, from among whom a perfectly competent officer could be selected! and the commissioners entertain no doubt that a salary of £100 or £120 a year would secure for the guardians the services of such an officer."

Let us apply this latter argument to another case:—Mr. George Nicholls receives £2500 per annum, and his ten Irish assistants, including Mr. Denis Phelan, receive £11,000 per annum among them, making a total of £13,500. Now we pledge ourselves, and we hereby tell it to the government, that we will, upon one week's notice, procure three men who will do the work of the eleven, better than it is at present done, for the odd £3,500.

The folly, imbecility, and malevolence of Mr. Denis Phelan and Mr. George Nicholls, have, by this their last outrage, prepared the way for two distinct crises. The one will be perfected by the determination of the board of guardians upon Sir Robert Shaw's spirited notice of motion: the other will arrive when the spirit of the medical profession comes to be tried by an attempt at the adoption of the plan of consolidation. We need not now predict the result in either case; but this much we must say, by way of warning—the late government owed their *coup de grace* to the reaction excited in England by the ignorant brutality of Mr. George Nicholls and his colleagues. The same gentleman has, with the able assistance of Mr. Denis Phelan, and by the same acts, driven the whole of Ireland into active hostility against a measure, the principle of which all Irishmen were anxious to support. *Verbum sapienti sat.*

DUBLIN HOSPITAL REPORTS.

MEATH HOSPITAL.

PENETRATING WOUND OF THE THORAX—INTERCOSTAL ARTERY LAID OPEN—CONSTANT HÆMORRHAGE, UNTIL ARRESTED BY A PECULIAR KIND OF PLUG—PERFECT RECOVERY.

Benjamin Bradley, aged 21, admitted into hospital on the 10th March, under the care of Mr. Smyly, in consequence of being wounded by a dagger very low down in the left hypochondriac region. The wound, about eight lines in extent, was situated between the 10th and 11th ribs, and passed in an oblique direction backwards and inwards, but to what depth could not at the time be accurately ascertained, without risk of injury. There was no sensible evidence that the lung, kidney, or any particular viscus had been injured, but it was clear that the pleura costalis had been pierced, and the cavity of the thorax opened, as percussion gave indication of the presence of a fluid within. Pale, serous blood constantly oozed from the wound, mized with dark lumps or masses of coagulum. His respiration was hurried—pulse small and frequent—and his entire condition indicative of great debility.

This patient was very unwilling to communicate the history of his case: all that could be learned was, that the wound had been inflicted eight days previously, that it had bled largely at the time, and that it had continued to ooze ever since.

He was ordered to bed, and a compress of dry lint applied to the wound, the lips of which were not closed; calomel and opium prescribed, together with perfect rest, low diet, and refrigerating drinks. These measures, however, were soon found not to be attended with any benefit.

On the 12th March, (the day but one after the admission), as the blood continued to flow from the wound, and the dullness on percussion was evidently extending, it was determined to enlarge the wound, and seek for the bleeding vessel, either for the purpose of tying it, if it could be reached, or applying compression in the manner recommended by Desault—a plan which though not noticed in the Surgical Dictionary, and but lightly passed over by systematic writers, approves itself by its simplicity, its facility of application, and its readiness of adaptation to almost every case. The patient, then, being placed on the

table, lying on his right side, Mr. Smyly proceeded to enlarge the wound, by dividing the integuments and muscles to the extent of nearly two inches. The finger could then be introduced into the cavity of the pleura, and a warm stream of blood felt flowing from the intercostal artery, but it was equally apparent that this vessel could not be tied without cutting away a portion of the rib, a proceeding wholly inadmissible in any case, unless as a last resource, and in this one impossible by reason of the depth of the wound. The cavity, then, being emptied of as much of the coagulated blood as possible, a square piece of fine linen was laid over the wound, and its central part was pressed inwards, between the ribs, into the chest, by means of the finger assisted by a probe. When a sufficient quantity had entered to form a pouch, shreds of lint were stuffed into it, so as to construct a compress, which when withdrawn, strongly, outwards was too large to come away, and was thus made to exercise from within a considerable pressure on the bleeding vessel. The compress was secured firmly in its place by bands attached to the four corners of the piece of linen: two of these were passed over the opposite shoulder: two under the thigh: and besides these, two additional bands were attached to either side of it, and went round the body: all these being tied so firmly as to create and to maintain a considerable and constant traction on the compress. The bleeding was thus completely controlled. The patient was then put to bed, greatly exhausted, as the operation had lasted nearly an hour.

It is surprising how little distress he suffered afterwards: there was no constitutional disturbance, no inflammation except in the wound itself, which became so sore, that it was deemed advisable to remove the compress after 48 hours, which was easily effected by carefully and gradually withdrawing the shreds of lint: there was no subsequent bleeding, and no irritation or suppuration produced by the blood already effused. Every danger seemed to have been removed with the cessation of the hæmorrhage—every inconvenience, even the most trivial, with the withdrawal of the plug—and having escaped dangers, which the writers on military surgery have taught us to consider most formidable, this patient left the hospital perfectly cured on the 9th of April, just one month after admission.

G. H, P.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, OCT. 21.—Council met.

Letters read from Drs. Cane of Kilkenny, Corbett of Innishannon, and Logan of Finglass.

OCT. 28.—Treasurer reported receipt of 10s., being the renewal subscription of Dr. Sherwood, of Redcross.

NOV. 4.—The resolutions of the Kilkenny Medical Association were read and considered. (See last page.)

The subject of coroners' orders having been brought before the council, it was

Resolved—That a deputation do wait upon Mr. Lucas, to lay the matter before the government.

PROMOTIONS.

MILITARY.—20th Foot—Assistant-Surgeon E. Menzies from the Staff, to be Assistant-Surgeon, vice English, whose appointment has been cancelled.

CIVIL.—Coombe Lying-in Hospital—Michael O'Keefe, Licentiate of the Royal College of Surgeons, John Ringland, A.B., M.B., and Henry Cole, A.B., M.B., have been appointed Joint Masters of the Coombe Lying-in Hospital.

University of Glasgow—The Queen has been pleased to appoint Dr. Harry Rainy, Professor of Medical Jurisprudence, in the room of Dr. Cowan, deceased. It is rumoured, that chairs of Comparative Anatomy and Pathology, are likely to be endowed by the Crown in this University, in the course of next year.

Drowned, on his passage from Africa, aged 50 years, Thomas Reid, Esq., Surgeon, formerly of Downpatrick, M.R.C.S.I.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Oct. 31,	49.5	41.5	29.850	
Monday	Nov. 1st,	50	38	30.150	.110
Tuesday	2d,	48.5	32	30.200	.003
Wednesday	3d,	51	44	30.250	.190
Thursday	4th,	52.5	44	30.350	
Friday	5th,	53	45	30.300	
Saturday	6th,	55	46	30.250	

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Letters addressed 318, Office of this Paper, will be attended to.

November 6, 1841.

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Consultants—Sir Philip Crampton, Bart., F.R.S.; Sir Henry Marsh, Bart., M.R.I.A.

☞ Further Particulars may be learned by inquiring at the Hospital, during the hours of attendance.

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For further favourable notices of the above works, see the *Edinburgh Medical and Surgical Journal, British and Foreign Medical Review, Dublin Journal of Medical Science, London Medical Gazette, Dublin Medical Press, Boston Medical and Surgical Journal, &c. &c.*

KILKENNY MEDICAL ASSOCIATION.

THE following Resolutions were unanimously adopted at a Meeting of the Kilkenny Medical Association, held on the 3d of November, 1841—JAMES CULLENAN, M.D., Chairman:

Moved by Dr. Lalor and seconded by Dr. Cranfield:

That, inasmuch as the representative system should be one of the leading principles of medical reformers, we hail with pleasure its introduction into our Association, as laid down, for the election of the future councils, in the MEDICAL PRESS of the 20th ult.

Moved by Dr Ormsby and seconded by Dr. Murphy:

That we highly approve of the proposition for the introduction of professional papers at the future meetings of the Medical Association of Ireland. But we conceive that original medical essays and cases from private practice, as well as essays upon subjects of collateral science, and the exhibition of pathological specimens ought to be included amongst the subjects enumerated in council's report. And that we would further urge upon council the advantages likely to arise from the adoption of prizes, to be, either for essays upon a subject previously named; or, what would be better, to be for the best essay of the whole of those produced, without reference to any special subject.

JAMES CULLENAN, Chairman.
ROBERT CANE, Secretary.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, November 10, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

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ACADEMY OF SCIENCES.

ON THE PRE-EMINENCE OF THE HUMAN RACES. BY M. VIREY.

Of late years much attention has been devoted to describing a great number of *races*, and even of *species* of man, with a view of establishing a connected classification of all the known nations.

Since the anatomical researches of Camper, of Soemmering, and of G. Cuvier, established the inferiority of the negro type, endeavours have been made to ascertain the hierarchical order of the stemmata of the great human family; whether as varieties of a single stock, or as primordial species capable of crosses and intermixture. I have endeavoured (Histoire Naturelle du Genre Humain, edit. de 1801, t. II, et seconde edition, de 1824, t. III, p. 48 et p. 436, et t. I, p. 47) to determine the characters of ascending physiological superiority of the several races, as proved by the history of migrations and of successive dynasties. In fact we have seen the *Ethiopian* and *black* races subdued by the *copper* (MALAY) race; this again yield to the *yellow* (Mongolian) stock: and, finally, the *white* (Caucasian) race become dominant by its intelligence, its industry, and its courage, notwithstanding its numerical inferiority, in whatever part of the globe it settled in.

As this proportional superiority seems incontestible, and is now admitted as an anthropological law, it is necessary to indicate its organic causes, which hitherto, I venture to say, have not been rightly explained, even by such eminent naturalists as Blumenbach, Pallas, G. Cuvier, Tiedemann, Prichard, &c.

The following is the proposition which I maintain: *The position of the occipital foramen and its proximity to the velum palati gives the measure of the erect position of man and of the degree of perfection of the human races, more accurately than does Camper's facial angle.*

Thus the ourang, which, in standing, assumes an oblique position (R. Owen, Zoolog. Trans. v. 1, Lond. 1835), has the occipital foramen thrown back; the head is not in equilibrium on the atlas, as the jaws, being very prominent, cause it to incline forwards.

The Negro, more vertical in his bearing, is yet not perfectly upright; his legs and pelvis are partially flexed; and, correspondingly, the occipital foramen does not coincide with the centre of gravity of the cranium, which naturally inclines forwards because of the prolongation of the muzzle.

But in proportion as the human races become more perfect in the copper, the yellow, and especially the white races, the occipital foramen advances more and more forwards towards the velum palati and the centre of equilibrium: the jaws become short, the forehead is elevated, and the facial angle opens from 80 to 90, so that the *organ of thought surmounts and dominates over the organ of manducation.*

The white man possesses the most perpendicular carriage; his cerebro-spinal medulla is able superiorly to develope its hemispheres completely, to expand with amplitude above the large cranial vertebræ and in the direction of the forehead and of the face.

ACADEMY OF MEDICINE.

PHRENOLOGY.

M. BOUILLAUD read a report on a memoir by M Voisin, entitled, "*On the Defective Cerebral Organisation of most Criminals.*" M. Bouillaud commenced by some reflections on phrenology. This phrase, he said, usually conveyed the idea of an entire doctrine comprising the whole physiology of the brain—a doctrine of which Gall was the author. The questions

with which it has to deal constitute a complex problem, whose solution must be the work of ages. It is not, however, necessary to wait for the realisation of this solution to admit the principle of the plurality of cerebral organs, which is both the practical and new point of the question. The origin of this science, which consists in recognising the qualities of the intellect, by the confirmation of the cranium, is older than is supposed. Cicero speaks of it and cites several examples of its successful application: Seneca also mentions it, though in more than one passage he deals with it ironically.

M. Voisin, in his memoir, which was presented to the Academy on the 3d July, 1838, lays down two chief points:—The first is, that the records of the criminal courts mathematically demonstrate that the bulk of criminals issue from the lower classes of society. The second is, that two-thirds of convicted criminals, or 315 in 500, present a vicious organisation of the brain, and correspond in every particular with the skulls of certain executed criminals which M. Voisin exhibited to the Academy. These two propositions are calculated to fix the attention of legislators and philosophers.

M. Voisin visited the prison of young criminals in company with the director of the establishment, a circumstance which adds value to his observations, as his results were thus controlled in a satisfactory manner.

400 young prisoners were rapidly examined by the eye and the hand, and arranged on the right or left hand according as their crania appeared to be well or ill-formed. These two groups, prenologically distinct, being thus formed, he subdivided the entire number into four secondary series, composed, the first, of the least vicious individuals, the last of those reputed to be most vicious, while the two intermediate classes approximated the one to the first, the other to the last class: 25 only were deemed worthy to figure in the first, the second numbered 77, the third 91, and the fourth 65. We here see an exact application of the dictum, "many are called, but few are chosen," and that the genius of evil still preponderates over the genius of good.

This distribution having been thus made, it remained to determine whether the decisions of the *Phrenological Minos* were just and accorded with the opinions of the superintendents of the prison. These gentlemen being interrogated, declared that the result was nearly in accordance with their own observations respectiug the dispositions of the prisoners classified by M. Voisin. On this announcement, M. Voisin, whose imagination is so vivid, exclaimed in a transport of enthusiasm—"From what you have witnessed, gentlemen, one of two things must be concluded—either I am a sorcerer, or I am guided by really scientific principles."

The Academy, said M. Bouillaud, will, doubtless, be struck with this dilemma; and as it cannot regard M. Voisin as a sorcerer, will not hesitate to regard, as a science, principles which admitted of so happy an application. It will not, perhaps, admit the whole of his conclusions; but, adopting a formula much used in the present day, as it but little compromises those employing it, will say, "there is something in it."

M. Nacquart objected that as the dispositions of the individuals inspected might have been collected from their physiognomy, their faces should have been covered.

M. Loude said that such a course could not have been pursued, as the phrenologists maintained that several important organs corresponded to the orbit.

M. Rochoux observed that if the brain contained several different organs, as the phrenologists supposed, we ought to be able to distinguish them. We cannot, however, discriminate them in the dead body; and we are told that they can be appreciated during life when covered with the membranes, the cranium, and the teguments. This pretension reminded M. Rochoux of the curè who exhibited to devotees the hair of a certain celebrated saint, and expatiated on its length and beauty. An incredulous peasant, however, approaching, complained that he was unable to distinguish it: I can well believe, replied his pastor, for I have exhibited this hair now for 30 years, and have never yet seen it.

M. Bouvier said that the phrenologists often committed grave oversights in their examination of crania. Thus Voisin chiefly inspected the anterior part of the cranium, but yet the posterior portion contains very important organs.

M. Ferrus stated that he was one of the commission appointed to report on M. Voisin's memoir; and though he had been unable to attend at M. Voisin's visit to the prison, he yet cordially agreed in the report. M. Nacquart had objected that M. Voisin's conclusions might have been founded rather on the examination of the face than of the cranium. But this was an unfounded objection. Gall himself did not neglect the study of the physiognomy. M. Ferrus had often made phrenological examinations, and always considered his investigations imperfect if he did not inspect the physiognomy. This concession, it may be said, destroys the theory of bumps; but it does not do so in the least. MM. Gall, Spurzheim, Bouillaud, all who have studied phrenology, admit this. M. Bouvier says that he has made comparative investigations on the crania of idiots; but this is a separate question; for in most idiots the brain is diseased: there is hydrocephalus, for example, or some other lesion; under such circumstances the absolute volume was obviously a matter of indifference. M. Rochoux has defied us to point out on the dead body the convolutions which correspond to such or such a faculty. Did M. Rochoux ever hear Spurzheim? If he had, he would have known that he insisted in his lectures on this very point; localising with rare talent the various organs in such or such a part of the brain. It was this, indeed, that made M. F. a convert to phrenology.

M. Pelletier enquired from M. Bouillaud, whether M. Voisin had classified the prisoners with respect to their intelligence or their morality? There was an immense difference between these two conditions; an individual might occupy the extreme of the scale as regarded morality, and yet assume a very high place if judged by his intellectual faculties.

M. Bouillaud replied that M. Voisin compared the skulls of certain malefactors and of certain prisoners. He classified the latter in grand categories, depending on groups of organs. He might, no doubt, have advantageously made special subdivisions, and M. Pelletier's remark was worthy of attention.

M. Pelletier said that nothing could be more faulty than the classification adopted by M. Voisin.—Intelligence and morality were found so disconnected in the same individual, that no classification should be adopted which confounded them. Was it possible to affirm that a man of great intellect was necessarily very moral? Were that the case, the reporter (M. Bouillaud) must of necessity be the most virtuous man of M. Pelletier's acquaintance.

M. Gerdy had the honour of being one of the commission, but had been unable to accompany M. Voisin in his visit to the Maison de Force. M. Voisin had asserted, that crime was of more frequent occurrence among the lower classes; he did not see what consequence could be thence deduced. We should take into account the facility with which persons enjoying a certain rank and fortune can conceal their crimes.

The superintendants of the prison should also have been consulted antecedently, and not subsequently to M. Voisin's visit, this would have been the only method of obviating any prejudice on the matter. The report admitted that M. Voisin's decisions were not absolutely accurate, but only nearly so; what then was the number of his mistakes? Above all, what was their nature? For example, was an individual of satisfactory moral demeanour, ranked amongst the most perverse subjects? The importance of this was obvious, it was obvious how much it was calculated to compromise both the science and society, should the results of the science be taken as a base for remodelling our criminal laws and institutions. Finally, young persons alone were inspected, but it was notorious that the passions were developed with age.

M. Ferrus' assertion that phrenology takes cognizance not merely of the cranium but of the face, seems to me to be a new feature in phrenology; and I cannot think it probable that Gall, who on all occasions expressed his contempt for Lavater, attached any importance to physiognomy. Gall as M. Nacquart with truth asserted, is one of the great ideologists, one of the greatest philosophers of our epoch, but I agree with M. Bouillaud, that he was not the founder of the doctrine attributed to him. Formerly the intellect was distinguished into reasoning, attention, comparison, &c. Gall demonstrated that these were not simple faculties; while he confined himself to overturning the ancient theories he was admirable; but when he came to construct a new one, he was not so happy. Take for example the faculty of music; it admits, I conceive, of several very natural divisions. Thus one excels in composition, another in execution, another again in extemporising, while another is remarkable for his aptitude in reproducing pieces which he has heard but once. We have here so many elements in one and the same faculty; and the same holds good with respect to the others, painting, mathematics, &c., all without exception, may be divided into a more or less considerable number of other faculties: other simpler, more elementary, more primitive faculties have yet to be discovered. In a word, the classification of the ancients only established generic faculties, each comprising a considerable number of secondary species, the study of these species is a work that yet remains to be performed, for Gall, as I have shewn, has by no means succeeded in this task. In my opinion it is in this channel that physiological studies should be henceforth directed.—*Gazette Medicale.*

EXTRACTS FROM PERIODICALS.

EXPERIMENTAL RESEARCHES ON THE WHITE PART OF THE BLOOD, COMMONLY CALLED FIBRINE, AND ON THE VALUE OF THAT ELEMENT, AS REGARDS ITS PROPORTIONS, AS A DIFFERENTIAL SIGN AND THERAPEUTIC INDICATION IN DISEASES. BY M. F. HATIN.

In a memoir addressed to the Academy of Sciences, I endeavoured to establish that the white coagulum sometimes found on the surface of serous blood is not always a proof of the existence of inflammation, whether of any solid tissue or of the blood itself. I consequently proposed to reject the phrase *buffy or inflammatory coat* as applied to this coagulum, and to substitute therefor the term *hematoleucine.*

The present memoir should be devoted to the physiological and medical deductions which flow from the facts established in my former memoir; but the researches of MM. Andral and Gavarret on the modifications in the proportions of some of the elements of the blood having reproduced under another form the doctrine which I combat, I must enter on this new ground. A task the more ungracious as if I succeed in upsetting the views of these gentlemen, I must deprive them of the legitimate fruit of tedious and conscientious researches. In so doing, however, I not only defend my own opinions, but also uphold what I believe to be the truth.

Notwithstanding certain differences in the subject matter of my researches, and those of MM. Andral and Gavarret, they approach each other in many points, but despite these approximations, they disagree in several important particulars, if not as regards facts, at least as regards conclusions from those facts.

For example, whenever the subject of our experiments is the same, the result is identical, though we adopted different methods of investigation, and considered the subject under different points of view. Thus, all the diseases which MM. Andral and Gavarret designate, as producing an excess of fibrine, are specified in my memoir as communicating to the blood the property furnishing the white coagulum which I call *hematoleucine*, and which is commonly styled the *buffy or inflammatory coat.* We shall soon see that there is but a shade of difference between hematoleucine and fibrine, they are so similar, that the eye cannot distinguish them. We here then agree as to facts, but differ in our conclusions.

MM. Andral and Gavarret say—"From the mere fact of finding in the blood during any disease, be it what it may, above five of fibrine, we unhesitatingly affirm, that the patient is affected whether primarily or secondarily, with some phlegmasia; and on the contrary, if the fibrine be below four, we deny the existence of any true acute inflammation."

In my memoir on hematoleucine, I say on the contrary:—"The presence of the white coagulum does not always indicate the existence of an inflammation whether of the solids or of the blood."

If we recollect that fibrine in excess, and the white coagulum of the blood occurring in identically the same circumstances, are one and the same thing, the discordance of these two propositions is obvious.

Whence then comes it, that if we agree as to facts, we differ as to conclusions? The following is, I think, the reason.

MM. Andral and Gavarret have only bled persons labouring under disease; I bled both men and animals in perfect health; consequently, my results considerably modify those of these gentlemen.

For example, MM. Andral and Gavarret have found an excess of fibrine in most of the phlegmasiæ, and thence consider this phenomenon as the pathognomic character of inflammations. I have also found this excess of fibrine in most of the phlegmasiæ, but as I have also observed it to occur in perfect health, I cannot attach the same signification to its occurrence.

MM. Andral and Gavarret have found some inflammatory affections unaccompanied with an excess of fibrine; and as this contradicted the above mentioned law, they were compelled to reject these affections from the order of phlegmasiæ, though in other respects undoubtedly belonging to it. I also have encountered inflammatory affections without excess of fibrine, but retain these affections amongst the true phlegmasiæ.

The following are the propositions deducible from my researches, and which I shall attempt to establish:

1. The fibrine in excess, observed by MM. Andral

and Gavarret in the blood of persons affected with inflammations, was merely hematoleucine disturbed in its formation by the agitation of the blood.

2. Circumstances perfectly compatible will engender this excess of fibrine, such excess consequently does not always indicate an inflammation.

3. Acute inflammations do not always cause an excess of fibrine; the absence of this character then does not exclude an affection from the order phlegmasiæ, or rank it among the pyrexiæ.

4. Excess of fibrine alone, neither indicates the intensity of the disease, or the necessity of multiplying emissions of blood.

1.—*The fibrine in excess, observed by MM. Andral and Gavarret in the blood of persons affected with inflammations, was merely hematoleucine disturbed in its formation by the agitation of the blood.*

The constant augmentation of the fibrine in the same diseases which I mentioned in my first memoir, as affording hematoleucine, forcibly struck me.—This fact alone, established so close a resemblance between those two products, that I was induced to examine whether the difference of the methods adopted to procure them, did not, in fact, constitute the entire difference between them.

To obtain hematoleucine, I made the blood fall on the sides of the vessel so as to prevent its frothing, I kept the vessel as motionless as possible, and the venesection terminated, I left the blood at perfect rest till it had perfectly coagulated. Sometimes, however, these conditions did not suffice to produce the formation of hematoleucine: thus, when the blood did not flow sufficiently quickly for the bleeding to be terminated before coagulation had at all commenced, the hematoleucine did not form, because, I believe, the inferior layers of blood becoming partly coagulated, formed a solid plain which prevented the subsidence of the globules, and thus left them entangled with the fibrine. This explanation is supported by this fact, that when the blood issued slowly, I obtained a distinct layer of hematoleucine by receiving the first and second half of the blood in seperate vessels. Be this as it may, the essential condition for obtaining hematoleucine is to leave a mass of blood still perfectly fluid, at perfect rest.

To obtain fibrine on the contrary MM. Andral and Gavarret followed the usual method of agitating the blood with a whisk on its exit from the vein, before coagulation commenced.

Evidently then, even in cases where hematoleucine should form, whisking the blood would prevent its formation. The question then arises, what becomes of its elements under such circumstances? The following experiment answers this enquiry.

Receive in two separate vessels the first and second moieties of a portion of blood abstracted from a patient labouring under disease, (pneumonia, acute rheumatism,) in which hematoleucine should be formed, gently agitate with a rod, the blood in one of those vessels until it commences to coagulate; leave the other at perfect rest. The agitated blood will yield an uniformly red clot; that left at rest will afford a layer of hematoleucine.

Break up the first clot on a silken sieve, adding water until the colouring matter and globules have disappeared, and you will obtain a residuum of a certain quantity of perfectly white fibrine, which may be weighed wet or dry *ad libitum*.

Invert the second clot on the hand, so that the hematoleucine shall be below, and with a finger of the other hand gently separate the dark clot; if this be slowly done, we obtain a thin transparent more or less resisting membrane, which is the hematoleucine, the inflammatory coat of authors. To get rid of the colouring matter adhering to the hematoleucine, plunge it in water, and gently scrape each of the red points that adhere to it; we thus at length obtain perfectly white membrane, smooth on its upper surface, on the under surface, on the contrary, presenting filaments more or less numerous, according as it has been prepared with more or less care. This membrane may be weighed wet, or if you prefer it after being dried.

It still remains to extract the fibrine from the coagulum, this is done in the same manner as that indicated for the first clot.

On weighing the fibrine obtained from the two clots, (the result of one and the same bleeding,) their quantity will be found to differ the more considerably, the more abundant was the formation of hematoleucine.

The agitated blood which yielded no hemataleucine yields a quantity of fibrine always greater, and often three, four, five, or six times greater than that obtained from the blood left at rest, and covered with hematoleucine. But if we weigh the hematoleucine, and add its weight to that of the fibrine extracted from its clot, the difference disappears. There will even be, almost constantly, more or less excess if the products be weighed while moist, because hematoleucine retains more water than does fibrine.

It would be tedious to give the results of individual venesections in detail, I shall therefore group in a tabular form, the results yielded by eleven venesections practised in five cases of pneumonia, and all received in two vessels and treated as above mentioned.

	Whisked blood.	Blood left at rest.	Difference.
1st Case,	6.542	4.424	2.121
2nd,	16 172	13.929	2.242
3d,	8.627	6,000	2.627
4th,	12.840	9.352	3.490
5th,	11.490	6.890	4.600
6th,	18.292	7.024	11.268
7th,	17.635	4.906	12.729
8th,	16.070	3.321	12.729
9th,	21.396	8.402	12.894
10th,	24.305	8.571	15.734
11th,	21.250	3.750	16.500

Thus, whenever blood which if left to itself would have yielded hematoleucine was agitated, an excess of fibrine was obtained. But all the diseases mentioned by MM. Andral and Gavarret as furnishing an excess of fibrine, are the very diseases that would have yielded hematoleucine.

These two products are the more easily confounded, because when mixed together their physical characters are the same. It is impossible to distinguish by sight, the fibrine obtained from a clot from which the pseudo-membrane has been separated, from that extracted from another clot, either naturally or artificially destitute of hematoleucine.

Chemistry, however, enables us to seperate these substances, and gives an additional proof that their elements are confounded by agitating the blood.

Dissolve fibrine and hematoleucine separately in a saturated solution of nitrate of potash. Treat these solutions with absolute alchol, a white precipitate occurs in both. But the precipitate of hematoleucine is soluble in water, that of fibrine is not. Such are the results of experiments performed by M. Rousseau, chemical assistant at the Faculty of Medicine of Paris.

Be this as it may, however, it is satisfactorily proved that the excess of fibrine indicated by MM. Andral and Gavarret is hematoleucine, or in other words, the buffy coat.

I have said in my former memoir, that other circumstances besides inflammations, cause the generation of hematoleucine. In the following chapter I shall shew that under such circumstances agitating the blood produces an excess of fibrine

Agitation, then, of blood, which should produce hematolaine, causes the formation of an excess of fibrine. And, on the other hand, I have established, in my former memoir, that the admixture of the products of digestion with the blood communicates to it the property of forming a white coagulum. I might thence conclude that assimilation causes an excess of fibrine, but I prefer proving this experimentally.

The analysis of the blood of 15 persons bled while fasting, at rest, and free from fever, gives as a mean 5.721 per 1000 of fibrin. The following is a tabular view of the experiments:—

MALES.

		Fibr. pr. 1000.
No. 1,	aged 56, Hypertrophy of heart, with œdema of the ancles . .	5.573
2,	— 32, Hypertrophy without œdema	6.481
3,	— 26, Cerebral plethora, . .	2.770
4,	— 38, Dyspepsia, . . .	6.871
5,	— 28, Gastric derangement . .	4.420
6,	— 19, Somnolescence (bled habitually)	5.150
7,	— 50, Cerebral plethora, . .	4,070

FEMALES.

8,	— 17, Cerebral plethora, . .	3.494
9,	— 22, Id.	3.693
10,	— 68, Id.	6.015
11,	— 92, Id. (habitually bled) . .	6.873
12,	— 24, Id. (supposed pregnancy) .	5 295
13,	— 43, Id. (dysmenorrhœa) . .	6,120
14,	— 41, Hypertrophy of heart, .	5.605
15,	— 38, Simple ophthalmia . .	4.495

As a greater number of cases might afford a higher mean, I shall, to obviate such an objection, assume the highest of the above figures 6.871, and taking it as 7, say that 7 parts in 1000 represent the mean quantity of fibrine in human venous blood, obtained under the above-mentioned conditions. And we shall now compare with such blood that obtained under similar conditions, except only that it is mixed with the products of digestion.

Madame L., aged 45, labouring under cephallagia and apprehended mental derangement, was blooded; the blood yielded 10 parts per 1000 of white constituents, or fibrin 5.868; hematolencine, 9.841. Three hours before the venesection, she had taken a bowl of milk gruel.

Madame H., affected with head-ache, 6½ months pregnant, was bled three hours after breakfast. The blood yielded 11.168 per 1000 of white constituents.

Madame B., aged 64, had herself bled annually; and though in perfect health caused the operation to be performed four hours after having taken milk diet. The white constituents of the blood were 12.358 per 1000.

Madame S., affected with hypertrophy of the heart, was bled three hours after taking some Café au Lait. The white constituents of the blood amounted to 18.944 per 1000.

To avoid the objection that these individuals might nave been in a state of health that modified the constitution of the blood, I performed the following experiments on healthy dogs:—

1. A spaniel was bled from the jugular vein, while fasting: the blood contained 3,686 fibrine per 1000.

2. A shepherd's dog of the same size, that had fed on carrion 1½ hour previously, being bled at the same time, the blood yielded 6.010 fibrine per 1000.

3. The first was bled four days after the first experiment, having eaten tripe to repletion four hours previously. The result was 7.872 fibrine per 1000.

4. A small dog, bled two hours after having been fed on milk, gave 8.064 fibrine.

5. The same dog bled, fasting, three days subsequently, only yielded 3.714 of fibrine.

Digestion causes the formation of an excess of fibrine. Pregnancy also causes an excess in the quantity of the white constituents of the blood. I obtained the following results in five cases:—

1.	5th Month of Pregnancy, . . .	8.678
2.	Idem, ...	9.175
3.	6th ditto, ...	10.174
4.	6½ ditto, ...	11.167
5.	7th ditto, ...	12.426

3.—*All the phlegmasiæ do not engender an excess of fibrine in the blood. The proportion of that element is not sufficient to distinguish the pyrexiæ.*

Certain acute inflammations, especially those of the mucous membrane, do not generally exalt the proportion of fibrine in the blood.

1. Madame F. was bled for very acute ophthalmia: the amount of fibrine was 6.903; a second venesection gave 6.917.

2. A lady being bled for the same disease, the amount of fibrine was 4.495.

Here, then, are inflammations, ascertained by the sight to be such, in which there is no excess of fibrine, and which should, therefore, be excluded from the phlegmasiæ, did we classify diseases according to the composition of the blood.

4.—*An excess of fibrine, considered isolatedly, indicates neither the intensity of the disease or the necessity of multiplying sanguine evacuations.*

These two propositions flow from what precedes.—If an excess of fibrine may occur without inflammation, or an inflammation may occur without an excess of fibrine, it is obviously wrong to take one as the measure of the other. This statement is, I know, directly opposed to that of MM. Andral and Gavarret, but I trust that I shall prove it experimentally.

In fact, in the phlegmasiæ in which hematoleucine or fibrine are generated, the fibrine augments in quantities during a certain period, in spite of, or because of venesection. It is to be especially noted that this augmentation is independent of all diseases, and that it is often at its maximum when signs of remission of the disease evidently manifest themselves.

I subjoin a table of 10 inflammations, all cured, in which it will appear that in every case the fibrine constantly increased from the first to the last venesection. If, then, I assumed this excess of fibrine as a measure of the intensity of the inflammation, I should have persevered in bleeding notwithstanding the decline of the fever, the cessation of pain, in a word, of every symptom of amendment.

Table of the proportions of Fibrine found at various periods of 10 *cases of inflammation, all of which recovered.*

Disease.	1st Venesection	2d Venesection	3d Venesection.	4th Venesection
1. Pneumonia	7.116	13.820		13.820
2. Arthritis...	12.976	16.335		16.335
3. Pneumonia	15.027	16.796		16.796
4. Id. . .	19.770	20.076	20.832	20.832
5. Id. . .	12.840	16.070	17.731	22.509
6. Id. . .	15.999	27.201		27.201
7. Id. . .	12.060	20.322	30.625	30.625
8. Id. . .	18.292	30.951	31.165	31.165
9. Id. . .	(1)		37.701	37.704
10. Id. . .	(2)	38.020		38.020

(1) (2) Leeches had been applied before the venesection in these cases.—*Examinateur Medicale.*

DUBLIN HOSPITAL REPORTS.

SAINT VINCENT'S HOSPITAL.

POLYPUS OF THROAT—OPERATION.

Reported by T. P. Wilkinson, L.R.C.S.I.

Thomasina M'Neil, aged sixty. Admitted under Mr. Ferrall's care, 13th September, 1841.

Patient had been annoyed for some years by a polypus, which hung from the posterior nares into the throat; but for the last two years, her sufferings had been much increased. Her voice was snuffling and interrupted, deglutition was so difficult, that she feared to attempt it till the claims of hunger became irresistible; for in the effort, when the bolus of food was being swallowed, the larynx drawn forwards and upwards, came in contact with the tumour, and she was seized with a convulsive cough, which aggravated her sufferings almost beyond endurance. The polypus was semi-transparent, of a pale red colour, and nearly filled the posterior aperture of the mouth; the velum and uvula were imbedded in, and seemed united to it; but a probe passed between them, showed that no union existed.

A gum-elastic catheter, armed through its eye with whipcord, was passed through the nose, and made to project beneath the velum: the cord was seized with a forceps, and drawn forwards into the mouth; the catheter removed, and the ligature easily passed with two fingers over the tumor, and then drawn till stopped by the pedicle of the tumour. The ends were now passed through the tubes of a canula, and tied in the ordinary way. The lividity of the tumour soon gave evidence of its having been perfectly included in the ligature.

Mr. Ferrall remarked, that he preferred allowing the cord to protrude through the eye of the catheter, for two reasons—first, because the smooth point admitted of the instruments being passed more easily, and without injury to the parts—and secondly, because when it had reached the throat, the ligature projected at an angle with the catheter, instead of descending in the same direction, and was therefore more easily caught with the forceps. The plan was adopted in this case, and tended greatly to facilitate the operation.

The polypus was detached in twenty-four hours after the ligature had been applied, and she left the hospital on the 22nd of September, every inconvenience she had laboured under previous to the operation having been entirely removed.

BALLYGAWLY DISPENSARY,

REPORT FOR THE YEARS 1840 AND 1841.

RECEIPTS.

To Amount of Subscriptions for two years, ending November 1840.	£113	3	0
To Amount of County Grant for two years			
To Amount of Fines from Petty Sessions.	4	7	0
	£230	13	0

EXPENDITURE.

By Cash paid Dr. Wilson, late Medical Superintendant	15	0	0
By do. paid Dr. Alexander, from Nov, 1839 to July 1841.	153	4	4
By do. paid for Medicine, including carriage.	57	18	10
By do. paid for Printing and Stationery.	2	11	9
By do. paid for Bandages and Splint Board, &c. for Fractures.	0	18	1
	£230	13	0

MEDICAL REPORT.

umber of Patients who received Medicine and Advice	6,795
——————visited	472
——————died	18
——————Tickets received	1,695
——————Patients at present on the Books ...	52

In presenting to the subscribers a report for the two years ending the 1rst instant, during which I have been medical superintendent of this dispensary, I must observe, that I postponed the report for the year 1840 (my first year) until I should be able to contrast the number and nature of cases in that year with those of the year 1841, and that hereafter I intend to make an annual report.

Throughout the winter of 1839, and the spring and almost the entire summer of 1840, typhus fever, of a very bad type, was epidemic in every part of the district. The variety of causes which invite this distressing malady, more ruinous to poor families than any other, are, generally, contagion, unwholesome food, contaminated air from a want of proper ventilation, heats and colds, want of fuel, want of cleanliness, damp, crowded cabins, stagnant pools, reservoirs of fifth, the pestiferous exhalations from which arise at almost every cabin door; and yet I have found fever, of the worst character, raging on the most elevated and salubrious, as fiercely as in the lowest and dampest situations. When one member of a family crowded together in a small house, is seized with fever and cannot be removed, the disease attacks the rest, and without pure air, good nurse-tending, and daily, and, in many cases, hourly medical attendance; neglect, ignorance and prejudices are sure to retard, if not to neutralize medical treatment.

Soon after the commencement of my duties to the poor of this neighbourhood, the hopelessness of arresting the progress of, or satisfactorily treating, fever, without the aid of a fever hospital, induced me to suggest to those by whom the dispensary is chiefly supported, the advantage that must arise from the establishment of a fever-house—a proposition which they most cheerfully entertained. An excellent house in the town of Ballygawley was granted for the purpose, at a nominal rent; very liberal subscriptions and contributions were offered by the ladies and gentlemen of the neighbourhood, whose anxiety for the welfare, and attention to the wants, of the poor, do not require to be attested by me. Subscriptions from the county members were also procured, and all that was wanted was a yearly allowance from the county towards the payment of nurses and other expenses; but I regret to say that the presentment was successfully traversed at the sessions by some economists who, though I believe rate-payers under the Act for the relief of the poor, seem to be ignorant of the fact, that fever in this country is a fruitful source of poverty, and greatly tends to swell the number of those whom the rate-payers are bound by law to maintain.

In desiring the establishment of a fever house, I had only in view the proper and satisfactory treatment of the patients, and the surest means of arresting the progress of the disease amongst other members of the family, without considering my own convenience. Since that time, I regret to say that I have had many lamentable proofs of the misery which such an institution would be the means of alleviating; and now that my opinion has been confirmed by experience, I feel it to be my duty still strongly to recommend it. I shall only instance one case out of many I could adduce in proof of these assertions.

The apprentice of a respectable mechanic in this town, was seized with fever; and although his master was anxious that during his illness he should be allowed to remain with him, yet the boy's mother had him removed to her own house, some distance into the country, and the consequence was, that she and all her children (seven in number) were attacked with the disease, and five weeks elapsed before I could pronounce them convalescent. These poor people could but ill afford to procure the necessary requi-

sites, besides paying and supporting a nurse during this period.

I have also the satisfaction to know, that many of my medical brethren have strongly recommended such institutions, and that Doctor Corr, the poor-law medical Inspector who visited this dispensary in July last, and expressed himself much pleased with the manner in which it was conducted, highly approving of all its regulations, recommended me not to lose sight of a fever house. The following extract from the report for the year 1841, made by Dr. Paye of the Kilworth Dispensary, published in the Dublin Medical Press of the 26th of May, seems to me to bear so strongly on this subject, that I here insert it. [See Medical Press, number 125.]

Throughout the autumn of 1840, and the winter following, I had but a few isolated cases of fever; since the month of June last to the present period, the number has increased very much. I had many cases of measles during the winter of 1840, most of which terminated in inflammation of the lungs, all however recovered.

I had five cases of small pox in the spring of 1840: four of these were so ill that I had but little hope of recovery, when first called on to visit them. The eruption soon became *confluent;* the fever was extremely violent, and for the most part of a typhoid character; two of these cases died on the fifth day, the other two gradually recovered, the fifth case was of a mild nature, and the eruption *distinct.*

With respect to the Act, 3 & 4 Vic. c. 29, regulating the vaccination of the poor, (without stopping to remark on its tendencies, as they affect the character of the profession,) it occurs to me, the provision in the first section, "that the amount of remuneration is to depend on the number *successfully vaccinated*, not having been previously successfully vaccinated," will to some extent prove inoperative; because when the mother has once brought her child, miles, to be vaccinated, she will not be likely to take the trouble to return to report the success of the operation; and if the practitioner must himself go to each house to make inquiry, there would be a useless and unreasonable waste of his time.

Indigestion, affections of the stomach, and a train of attendant diseases arising from dietary causes, prevail at all seasons.

In the treatment of itch and other cutaneous diseases, I have proved the efficacious qualities of the spa, in the townland of Garvey, in this neighbourhood, the waters of which are strongly impregnated with sulphur; I have frequently ordered it to be applied as a lotion, as well as to be taken as a draught, with much advantage. A large glassful every morning operates as a gentle aperient, and tends to purify the blood. The well is neatly and carefully kept; of so much value do I consider its waters, that I regret there is not a basin at a short distance from it to receive its overflowings, and form a naturally medicated bath.

Comment on the various other diseases would be foreign to the object of this report. Of the cases which terminated fatally, 6 were of typhus fever, 2 of small pox, 3 of consumption, 2 of dropsy, 1 of water on the brain, 1 of cancer of the stomach, 1 of cancer of the womb, 1 of diffuse inflammation, and 1 of ulceration of the intestines.

Of the fever patients who died, some were beyond the reach of medical aid before I was called to attend them; and, in most instances, my first visits were preceded by those of "country bleeders," whom the poor usually consult, and who generally prescribe bleeding and salts, for every species of disease that "flesh is heir to," which, although in many cases specific remedies, would in as many be attended with the worst consequences; and I, therefore, beg of the friends of the dispensary, that when they hear of disease, they will urge on the patients the necessity of immediate application for relief, and not delay, as it too frequently happens, until maltreatment and neglect have diminished the chances of recovery, and encreased the labours of the medical attendant.

JOHN ALEXANDER,
Medical superintendant, Ballygawly Dispensary.
Ballygawly, November 1st, 1841.

PHARMACEUTICAL NOTICES,

COLLECTED FROM THE JOURNALS FOREIGN AND DOMESTIC.

By M. Donovan, Esq.

Syrup of Deuto-Iodide of Mercury and Potassium.—It is known that the dento-iodide of mercury is soluble in a solution of iodide of potassium, with which it combines and forms an iodide of mercury and potassium. M. Boutigny of Paris (*Journal de Chimie Medicale*, September) directs the following syrup of this substance:

Take of Deuto-iodide of mercury	15,12	grains,
Iodide of potassium,	75,60	grains,
Distilled water,	75,60	grains,

Dissolve; filter through paper; then add syrup of white sugar (S. G. 1,261) five pints (wine gallon measure).

The syrup thus obtained is unalterable and easy of administration. The iodide of potassium, which is present in excess, fulfils the double object of securing the solubility and exact combination of the deuto-iodide of mercury, and of acting medicinally against those diseases for which the deuto-iodide is successfully employed.

M. Boutigny does not enter much into the medical qualities of this syrup, nor does he seem to be aware of the use to which this combination of iodine mercury and potassium has been applied in America, where it is in the highest repute. In the *American Journal of Medical Science*, we find a detailed statement of its effects accompanied with cases by Dr. Hildreth. The opinion of this physician is, that it is not applicable to any acute disease; and he did not find the same benefit to arise from its employment in phthisis that is reported by Doctor Charning: on the contrary, the symptoms seemed to be always aggravated. Dr. Hildreth has obtained the most happy effects from this deuto-iodide in diseases of the stomach purely functional: and for four or five years has not found any other remedy necessary. It gives to the digestive functions a tone and energy, which may be expected in vain from any other medicine. Under its influence, he says, appetite long suspended, is restored: acidities, flatulencies, and constipation disappear: strength and flesh return, and the patient rapidly recovers his natural energy. As an emmenagogue, also, this salt possesses very decided energy, and relieves those violent pains, which so often accompany the menstrual epoch. In leucorrhœa, also, he found it to have the most happy effects, even when the disease had proceeded so far as to produce barrenness for many years: after taking it some time, the disease ceased, and conception followed. In glandular diseases, an ointment composed of the same salt, mixed with hogslard had excellent effects.

Syrup of Proto-iodide of Iron.—In the number of the *Journal de Pharmacie* for September, there is a paper by M. Felix Boudet, in which, while he admits the correctness of Dupasquier's views on the iodide of iron, he questions the convenience of the small quantity of proto-iodide of iron prescribed by him, and recommends a stronger syrup. This is matter of little moment. The most convenient

way probably is, that the physcian's memory shall not be encumbered with any ratio; but that in prescribing the syrup he shall simply add grana duo, tria, vel quatuor (as he may choose) ad unciam. This may give the apothecary a little more trouble, but let him charge for it; and it will be some further guarantee to the patient, that he is not swallowing some old, half-spoiled shopkeeper. Besides, it must be recollected, that the cough attendant on phthisis, the disease for which Dupasquier prescribes the proto-iodide, requires the constant soothing of some demulunt—an object for which his syrup is fitted by the small quantity of proto-iodide present.

Unexpected formation of Prussic Acid.—M. Persoz found that by digesting gelatine with very dilute sulphuric acid, there was a considerable production of prussic acid, ammonia, and carbonic acid.

Prussic Acid—New Process.—Dr. R. D. Thomson gives the following as the best process for extemporaneously obtaining medicinal prussic acid of the strength indicated in the London pharmacopœia. Take 43½ grains of cyanide of lead; two fluid drachms of dilute sulphuric acid (P.L); six fluid-drachms of distilled water. Pour the acid, previously mixed with the water, on the cyanide contained in a stoppered bottle. Put in the stopper and shake the bottle well. After proper subsidence, pour off the liquid for use.

Counteraction of Prussic Acid.—Dr. Robinson of Sunderland poured four drops of prussic acid on the tongues of each of two rabbits: they immediately fell down, and did not rise again. The doctor then poured vertically on the occiput and spine, a cold solution in water, of nitrate of potash and common salt. The effect was magical; a sudden resurrection ensued; and the animals frisked about in perfect health. M. Louyet repeated this experiment. He took two young strong rabbits; into the throat of each he introduced one drop of a mixture of one part of newly prepared prussic acid, with four parts of alcohol. The animals fell down as if struck by lightning; but immediately after, M. Louyet having poured on the head and back of the rabbits, a very cold solution of common sea-salt, they recovered.

It follows that cold water is the proper means of restoring sensibility and muscular contractility, to animals poisoned by this acid.—*Journal de Chimie Medicale*, September, 1841.

To discover whether Mercurial Ointment contains its full quantity of Mercury.—Mix three parts by weight of commercial sulphuric acid, with one part by weight of water, and let the mixture grow cold. A small lump of the ointment if thrown in will barely sink in the mixture: for the specific gravity of the dilute acid will be 1.65, that of the ointment will be 1.68, if rightly prepared.

Elaterine, the insulated cathartic principle of elaterium, has this great advantage over elaterium, namely, that it acts as a cathartic *without producing either colic or vomiting*. It is much more certain in its effects than elaterium. To prepare it, Dr. Bird directs elaterium to be boiled in alcohol. The beautiful tincture obtained is to be evaporated to dryness. The substance remaining is a mixture of green resin, a substance soluble in water and elaterine: solution of potash will dissolve away the former two, and the last will remain under the form of a white crystalline powder. It has a bitter taste, is scarcely soluble in water, is little soluble in ether, but is soluble in a moderate quantity of alcohol. Water precipitates it from alcohol and ether. The following is its most convenient formula:—

Compound Powder of Elaterine.

Take of Elaterine, three grains,
Bitartrate of Potash, ten drachms.
Mix, and divide into 24 doses.

Copper in Manna.—Some time ago, manna was brought into sale, marked with spots of verdigres, which indicated its containing copper. It appears to have derived this from being collected in copper vessels. Copper was readily detected by dissolving the ashes of the manna in an acid; and testing with prussate of potash, polished iron, and hydrosulphuret of ammonia. The presence of copper in manna had, according to Gmelin (*Annalen, Band.* XXXIV) been formally detected by some apothecaries. This impure manna has been withdrawn from commerce in Baden.

Antidote to the Poison of Copper—Hitherto liquid albumen has been relied on as anantidote for the salts of copper. But M. Benoist observes that a person would labour under a great mistake who would suppose that by gorging the patient *largely* with albumen, the danger would be averted. On the contrary, it would be reproduced; for the compound of albumen with copper, instead of remaining in the insoluble and therefore innoxious state, would be re-dissolved in the excess of albumen. If on the other hand, too little albumen be employed, the albuminous compound will be dissolved in the excess of the cupreous salt. Hence, this antidote cannot be depended on, as we do not know the exact quantity of it necessary.

On this account, M. Benoist proposes to employ solution of carbonate of soda, which forms with cupreous salts, insoluble precipitates of carbonate of copper. He administered salts of copper to several dogs, and afterwards the solution of carbonate of soda; the effects of the poison were thus counteracted. To a dog of a moderate size, he gave upwards of an ounce troy of carbonate of soda, without producing any ill effects from so much alkali.

New process for obtaining Iodide of Lead—M. Juneval Girault recommends this substance to be prepared by the mutual decomposition of iodide of iron and acetate of lead. The precipitate obtained, is to be washed with frequent affusions of water acidulated with acetic acid, to remove a little iron. The iodide then remains pure, and of a beautiful colour.

New process for obtaining Iodide of Potassium—The same chemist recommends this salt to be prepared by decomposing iodide of zinc, in place of iodide of iron, with carbonate of potash. He shows that there are many advantages in this process, one of which is, that the carbonate of zinc which falls, may, by being heated red-hot, be converted into very pure oxide of zinc.

Belladonna Plaster in nervous Palpitations.—Dr. Seccipson applied this plaster over the region of the heart, to quiet violent palpitations; and Doctor Laycock has found the practice attended with great advantage. He assures us that pure extract of belladonna spread on leather, and applied moist to the sacrum or perinæum relieves nervous irritation of the bladder and rectum.

Tannin in Colliquative Sweats has been found by Doctor Charvet with great success. He administers from half a grain to a grain and a half of tannin in 24 hours. On the grounds of greater safety he prefers this substance to acetate of lead, which occasionally produces unpleasant effects.

On the employment of Solutions of Opium in Collyria—M. Labordette thus expresses himself (*Journal de Chimie Medicale*, October 1841)—There are physicians, who, not understanding the re-action of substances which they prescribe, employ medicines the nature of which is changed by the action of one product on another; and, when they fail to attain the end proposed, shuffle on the apothecary the blame of the error of which themselves are guilty. Amongst the mistakes which they commit in this respect, one is the employment of tincture, or other solution of

opium, in collyria containing sub-acetate of lead. Instead of obtaining a collyrium capable of quieting and resolving, a liquid results holding in solution acetate of morphia, with a floating precipitate of meconate of lead. The nature of the medicine is thus altogether changed, and cannot accomplish the views of the prescriber. It is on this account, that I propose (he says) to substitute for the solution of opium, the acetate of morphia." This would certainly be an improvement; for then the virtues of lead and of opium will really co-exist in the collyrium. In Dublin, the error is very generally committed.

BRUIT RESPIRATOIRE PROLONGE.

The bruit expiratoire prolongè of Andral, is explained by the supposed increased irritability of the pulmonary cellules, thereby causing a spasmodic expulsion of the air more sonorous than in the normal state. The explanation which is here given is new, and therefore has the merit of novelty in default of a better recommendation. It is familiar to all that the *bruit expiratoire* is much less marked than the *bruit inspiratoire*, in other words, that the normal murmurs of the inspiration is much more decided and audible than the murmurs of expiration, the latter in some cases being inaudible. In the phenomenal state we find then, that the expiratory murmur is much weaker than the inspiratory murmur, but in the symptomatic state, this relation is sometimes deranged or even reversed, and has been laid down by Andral as a means of diagnosing tubercles in the lungs. Before giving the proposed explanation of the prolonged expiration; the following physiological facts are necessary to be stated, as affording analogies strongly corroborative of the theory about to be advanced.

The voluntary and involuntary prehensile organs of the animal economy, are guided by an *instinctive* perception of the qualities of substances necessary for nutrition and conservation —Taste and smell perceiving immediately, sight and hearing, mediately. The tendency of the absorbents to reject poisons, of the glands, to arrest their transmission, of the larynx to reject carbonic acid, the iris to refuse excessive light, the pylorus, matters unfit for nutrition, are examples of the involuntary conservative power of those functions which are so many sentinels that never sleep, stationed to watch unceasingly for our conservation and preservation. We find also that the moment the nutritive principles are extracted and elaborated from substances necessary for our nutrition, the remainder or what cannot be so converted, is immediately rejected as excrementitious, and if suffered to remain, becomes nocuous, and acts as a foreign body or a poison. The feces and the carbonic acid in the lungs, afford examples of this fact. The lungs can retain a full inspiration of atmospheric air without any inconvenience, until the necessary supply of oxygen, for hematosis demands a fresh supply of air. Whereas the least possible quantity of chlorine, fluoric acid, &c., &c., produces an instantaneous and spasmodic contraction of the chest, and causes expulsion of those gases: because those gases being poisonous, the nervous instinctive perception necessary for our preservation, instantly acts on the muscles of the chest, and produces violent expulsion of what would be fatal to retain.

The stomach equally rejects substances poisonous or unfit for nutrition. On the foregoing principles, we can easily explain the phenomenon of prolonged respiration. The air respired in the normal state, having undergone the chemical change necessary for the preservation of life, becomes excrementitious; acts as a new body which it really is, stimulating the lungs in quite a different manner and exciting contraction and expulsion. Whether this excitement to expulsion be produced by the change the oxygen produces on the blood, or whether it be produced by the presence of carbonic acid, or by both those causes combined, is not material for the application of the theory on which the prolonged and sonorous expiration in the pathological state is explained. In the pathological state, the pulmonary vesicles being diseased, (whether with *engorgement*, *affaisement*, or filled with sero-sanguinolent matter,) the air does not undergo the necessary change; does not become excrementitious so fully as in the normal state, and does not therefore excite the normal stimulus to expulsion.

Expulsion of the air is therefore slow, producing the *bruit expiratoire prolongé* of Andral.

The slow conversion of the oxygen into carbonic acid; the consequent imperfection in the hematosis, the air in the lungs not having undergone, or having imperfectly undergone the change necessary in the normal state; the same stimulus to contraction is not presented to the lungs, and thus the expiration becomes prolonged. It is on the same principles aliments remain long in the stomach, when digestion is slow or imperfect. It now remains to explain the greater sonoriete of the expiration. This requires the usual causes of increased sonoriete, producing such a change in the pulmonary tissue as makes it a better conductor of sound. Besides the volume of the air in the pathological state here alluded to, is different from the volume expired in the physiological state. It is greater in proportion than in the former state. It dissolves more water, being longer in contact with the humid surface of the cellules, and also receives more caloric, and is therefore expanded in a greater degree than in the normal state.

DAVID LESLIE.

Leslie-hill, Armagh, Nov. 3, 1841.

ON THE ELECTRO-NERVOUS THEORY.

By Henry Kennedy, A.B.M.B.

The last number of the Medical Press contains some remarks by Mr. Bevan, which go to oppose the idea that the nervous influence can by any possibility be identical with electricity. Without binding myself to the opposite opinion, the following facts and considerations certainly incline me this way: it may not be without interest to state what may be advanced on this side of the question.

The experiments of Doctor John Davy, Faraday, and others, have proved beyond doubt, that all the electrical phenomena may be produced through the agency of the electric fishes. Thus besides the shock, needles have been magnetised, heat evolved, a spark obtained, and water decomposed, and even in one fish, the electric ray, it seems proved that one surface affords positive, the other negative electricity. It is owing to a very peculiar nervous structure, together with an enormous developement of the fifth pair of nerves that these effects are produced. One of the branches of this pair of nerves goes to the stomach, and it was found that by causing exhaustion of the electric organs, digestion was put a stop to. Again in the various experiments performed on the lower animals an attentive perusal will satisfy any one, that the effects of the weakest current of galvanism, are much greater than those of the strongest stimuli. The most powerful acids have no effect whatever, when applied to the nerves alone, except to destroy their texture: on the authority of Müller too, (and he is no mean one) the alkalies are the only bodies out of a number of chemical substances, which produce any galvanic effects when applied to the nerves alone. Is it not to be expected that these

remarkable bodies formed as they are of a metallic base, should produce such effects? The same eminent physiologist to whom allusion has just been made, has also proved that what the strongest stimuli failed in producing, namely, muscular contraction, may be caused by a peculiar arrangement of the parts of the animal itself. Thus when the nerve, skin, and muscle were arranged in a peculiar way in the leg of a frog, muscular spasms were the result. I am well aware that Müller himself is opposed to the electro-nervous theory, still I am not afraid to refer any one to his admirable work.

In the human subject, certain forms of nervous asthma, neuralgic pains, and paralysis have been treated with the most decided success by means of electricity, and this after every other means had failed. I myself saw a series of experiments on paralytic limbs in progress by Doctor Lombard of Geneva: galvanism was the means employed, and as far as the experiments had gone, the result had been gratifying. Is it not fair to attribute the extraordinary effects which often result from the use of flannel or silk next the skin to electric agency. It is of course well known that in dry states of the atmosphere, if any one happen to be taking off a flannel dress in the dark, sparks are frequently prodnced. Neither should it be forgotten in a question of this sort, that there exist in our bodies small though constant quantities of such substances as soda, phosphorus, and sulphur.

The principal argument advanced against this view of the question, is that phenomena similar to common electricity do not show themselves in experimenting on animal textures. A moments reflection will show any one that this is not a solid argument: the chemical substances acted on in the one case to produce common electricity, are entirely different from animal texture: how then could we in reason expect the results to be identical? As to the idea that there should be one form of electricity for the animal and another for the inorganic kingdom, it does not appear to me so very absurd. Common electricity even shows itself under certain modifications: thus we have electricity differing somewhat from galvanism, and either of these again from magnetism: no one will, however, deny that they are not connected closely, the one with the other. Another argument has been advanced, that the electric phenomena, such as they are in animal bodies cease with life itself. It would be very strange if they did not, nor could we look for any other result: we know that the slightest derangement in the electrical machine, or the galvanic battery will at once stop their action, and there is surely enough difference between life and death to expect a similar result: besides the electric organ in the fishes loses all power after death, though it cannot be denied that it was capable of producing electricity during life. Farther, it has been advanced against the electro-nervous theory, that if it were true, we should exist for ever, for that, as the galvanic battery can be renewed by washing and cleansing, so our nervous apparatus should never wear out nor cease its action. It will be time enough to answer this argument when it is proved that no destructive action goes on in the galvanic battery.

From these several considerations then the conclusion does not appear to be so very untenable, that the nervous influence will be ultimately proved to be a modification of electricity adapted of course to animal life, and to our wonderful organization. The new lights which chemistry is daily adding to science, should, I think, make any one cautious before they should decide against this theory. Allusion is made more particularly to the discovery of the perfect identity of such bodies as albumen, fibrine, gluten, and legumine. These, for years past, have been considered totally distinct: they cannot now be distinguished. We know too, that nature's laws are ever of the simplest, and when we look to the extensive distubution of electricity in the outer world, I must again repeat, that it is, in the highest degree probable, that this same agent will ultimately be found to pervade our own bodies.

ON THE APPLICATION OF THE NUMERICAL METHOD TO THE STUDY OF CHOLERA.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—As Professor Benson, in his late lectures on Asiatic Cholera, given in your journal, seems to me to have omitted directing the students' attention to some important points connected with the treatment of that dreadful disease, I venture to offer a few observations on the subject in your columns. I feel the less hesitation in doing so, as they do not apply so much to Dr. Benson's interesting account of the history and cure of the complaint, as to the medical treatises or hospital reports upon which that account is founded. They all err most fatally in attaching so much importance to medical opinion and individual experience, which, from the very nature of the complaint, are wholly worthless, and in attaching so little to accurate records of the numerical results of remedies, in its several stages, which alone can lead to correct principles of treatment.

Before the student or practitioner can arrive at any safe inference whatsoever, he must have some mode of accurately comparing one line of practice with another, without reference to mere medical opinion.—This, a simple matter in most other diseases, and certainly not impossible in cholera, has been rendered inconceivably difficult, partly from the varying nature of the disease itself and our ignorance of the resources of nature; partly from a disingenuous and wicked disposition in a portion of the profession to magnify the success of particular remedies, for the sake of a temporary celebrity or gain; but perhaps most of all from the unphilosophical precipitancy with which most medical men pass to general conclusions on contemplating a few isolated cases.

The consequence of this last and most fatal error is just what might have been anticipated—that we are now, after certainly a very sufficient intimacy with the disease, almost as much in doubt about everything connected with it as when it commenced at Sunderland. If one asks what is its nature? some will answer that it is a simple local inflammation; others, that it is a species of epidemic fever; a third party, a corruption of the circulating fluids. If one enquires where is its seat, or what texture it affects? we are told the brain—the spinal cord—the solar ganglia—the alimentary canal—or the whole mass of the blood; and it would fain be proved, even by pathological evidence, that it is each, or any of these. If one demands whether it be contagious or not? half the profession rise up on either side of the question. I do not, of course, mean to deny that some important negative advantages have been derived from our experience—that physicians in general have become more familiar with the character of the complaint, or that they are not individually better satisfied with the efficacy of certain remedial measures. But we have sufficient evidence, in the periodical publications, that as a body, they are little agreed about any—nay, that they are actually opposed to one another as to the value of those which are most influential, and which must, of necessity, affect either extraordinary good or incalculable mischief. Andral says—"internally our main-stay in cholera is opium, which should be given in every possible form, both by the mouth and in lavements." Dr. Brown, of Musselburgh, says—"when once a patient is in confirmed cholera, I think

of no medicine but opium, and no cordial but brandy." Mr. Tweedie says—"previous to collapse, the disease may be stopped quickly, safely, and with human certainty, by full and energetic doses of opium." Most Indian practitioners were in favour of it. On the other hand, the physicians of the Hotel Dieu and La Pitie abandoned it as destructive. M. Bally and M. Recamier asserted that it was absolutely injurious in the blue stage, and useless in others. Dr. Apjohn says—"During my first week at the hospital, I gave opium in large doses, but soon found it necessary to give it up. In fact, I do not doubt that this powerful and valuable medicine is a regular poison in Asiatic cholera." Again, of calomel, Dr. Apjohn says—"I do not think in any instance I lost a patient whose mouth became affected." Mr. M'Coy, quoted by Dr. Benson, gave up every other treatment for the calomel, and says he has notes of 30 cold, pulseless cases, with copious rice-water, vomiting, and purging, and blue extremities, which recovered by means of it.—Yet there was no treatment got a fairer trial than the calomel, in every part of the kingdom, at the commencement of the disease, and none *which so utterly and unequivocally failed in those very cold and pulseless cases*, in which Mr. M'Coy found it so successful.—The brandy and the cold water treatment, stimulants and antiphlogistics, vomits and sedatives, purgatives and astringents, have each to this hour their advocates and their opponents. And what can be more mortifying than the conflicting sentiments expressed regarding bloodletting? One authority is for drawing no blood at all, early or late, cholera being a disease of debility, which will not admit of such treatment. Another advises to take it at an early period of the complaint, but never in the stage of collapse. A third (Dr. Thackrah) observes, that we should bleed in the collapse, but not abstract too much, since a small bleeding is sufficient to relieve the venous congestion. On the other hand, Mr. Bell asserts (and he is supported by most of the Indian practitioners), that small bleedings do harm, but free venesection, where practicable, has scarcely ever failed. Dr. Brown regards a considerable degree of collapse, indicated by feebleness or arrest of the circulation, as an imperative reason for abstaining from drawing blood. If the temperature, he says, be any considerable degree below the healthy standard, with the hands cooling rapidly on exposure to air, the pulse at the wrist either very feeble or totally suspended, the breath and tongue cool, the surface shrunk and pallid, or in certain parts livid, the vomiting and spasms diminishing in their intensity, or totally ceased; at whatever period of the disease this state of things may exist, bleeding is inadmissible. Mr. Spence, who saw much of the disease, also says, to think of bleeding a person in such circumstances, is against every principle of common sense. Mr. Bell, on the contrary, recommends "that no time should be lost in endeavouring to bleed the patient, whenever there is a sunk countenance, with blue lips and nails;" and as to the extent to which depletion is to be carried, he tells us "it has no reference to the prostration of strength or constitutional stamina." "When the blood flows *stillatim*, black and tarry, stimulants," he says, "sometimes appear to do good, and to increase the strength of the pulse, upon which renewed attempts should be immediately made to remove blood, *nor should these be desisted from while life remains!*"

Such is medical opinion, and such are the foundations on which inexperienced practitioners are expected to build their practice! It may be fairly asked, what is there in any man's opinion or advocacy of a particular remedy, to influence the mind of a philosophic inquirer, when the same remedy is asserted by other men of equal pretension to be utterly useless. Volumes may be written, and have been written, about cholera, without advancing our knowledge of its treatment one iota, so long as a classified record of the cases, according to the stage in which they came under treatment, and of the results, is neglected.

Accurate and candid reports are all we can want to remove the clouds which at present obscure our inquiries; not such as were at one time daily issued by boards of health, or by hospital physicians, from which little could be gathered beyond the amount of the dead; but statements of the admissions, classified as the patients may happen to be in the premonitory, or primary, or collapsed stage of cholera, with the general plan of treatment, and the results in each. Almost all the controversy with regard to the treatment of cholera has arisen from the practice of extolling remedies which have proved successful in a particular stage of the disease, as available in any stage of it. If in reported cases, we have no distinction or classification; if they are, however unlike, jumbled together by a common cypher, all inquiry is baffled; there can be no comparison between the treatment in one hospital and another, nor is it possible for one man to reason on another man's practice.

The two points to which the public chiefly direct their attention in estimating the success of any particular treatment are, the numerical amount of deaths and recoveries, or their proportions to one another. How superficial and erroneous, inferences formed in this way have proved, is manifest, from the fact now well ascertained, that the mortality has varied considerably under the same treatment, and has at other times rated exactly the same under very different treatment.

It is also well known to persons familiar with the disease, that the mortality depends much upon the period at which the patient falls under treatment. The malignity or fatality of cholera, in fact, consists principally in the speed with which it has passed through the primary stage, for on this depends the usually hopeless state in which patients are brought into hospital, or fall under treatment. Hence it is, looking at the aggregate mortality merely, we can never form a just estimate of the influence of the treatment. A report from one hospital, for instance, may give only 26 deaths in 100, while another gives nearly double that number; and yet, on strict investigation, it may be found that the treatment in the latter has been the more successful of the two. For instance, if in one hospital the cases admitted in collapse amounted to three-fourths of the total amount, and in another only to one-fourth, the former would have double the number of deaths, even though the treatment was precisely twice as successful, as the following statement will show:—

FIRST HOSPITAL.

	Admissions.	Cured.	Died.	
In the primary stage, -	25	- 24	- 1	or 4 in 100.
In collapse, - -	75	- 15	- 60	or 3 recoveries in 10 cases.
Total, -	100	- 39	- 61,	or nearly two-thirds of the whole.

SECOND HOSPITAL.

	Admissions.	Cured.	Died.	
In the primary stage, -	75	- 67	- 8	or 8 in 100.
In collapse, - -	25	- 2½	- 22½	only 1 recovery in 10.
Total, -	100	69½	30½,	or nearly one-third of the whole.

There is another source of fallacy in the general reports of hospitals A number of patients in the premonitory stage of the disease—that, is, not in cholera at all, are included in them to a greater or less

extent. To point out this, it is not necessary to contrast one hospital with another, but simply to contrast the reports of two different periods in the same hospital. It will scarcely be believed they are records of the same disease, the results sometimes prove so different. In Dublin, during three weeks commencing the 1st of April, there were 121 cases, and 66 deaths; while in the three weeks subsequent to the 16th of May there were 784 cases, and only 69 deaths. In Cork, from July 16th to August 9th, there were 121 cases, and 69 deaths; while from the 11th to the 15th of May there were 710 cases, and only 93 deaths. In the Limerick general reports, from the 11th to the 18th June there were 435 cases, and 208 deaths; while from the 1st to the 17th July, out of 481 cases there were only 121 deaths. In Barrington's hospital, in the same city, from 11th July to August 17th, there were only 79 deaths in 396 cases; while from August 26th to September 27th, 139 died out of 200 admitted; and from September 23d to April 17th, 121 died out of 217. The contrast will appear still more striking in the daily reports. The following are from the Dublin hospitals, in April and May:—

	Cases.	Died.		Cases.	Died.
May 19,	97	10	April 8,	14	11
20,	28	3	10,	3	5
21,	38	1	12,	9	2
22,	46	2	14,	6	7
23,	40	5	15,	6	2
24,	40	4	16,	8	2
25,	90	7	17,	10	9
Total,	379	36	Total,	58	38

The medical reader need scarcely be told, that of the 379 patients admitted in the week in May, no more, probably, than 72 could have been in cholera. Deductions, as to the influence of remedies, from large averages of the mortality, are, in fact, too loose and liable to error, to be worth a moment's consideration in medical science. The comparisons which are to influence our opinions of medical remedies must be much more close and accurate, not only as to the conditions of the patients when they first fell under treatment, but as to the conditions of the atmosphere, and the locality in which the disease originated. If the inquiry be entered into in this spirit of fairness and accuracy, it will not be difficult to show that in the vast number of cholera cases in which there is the least time for the influence of medicine, *that influence in skilful hands is more evident, and, to use so proud an expression, more triumphant, than in any other disease whatsoever.*

None, indeed, but medical men, can fully comprehend the extreme difficulty which attends this subject—a difficulty which can only be surmounted by a thorough knowledge of the modes or habits of the complaint—the circumstances which may influence its phenomena—or the effects of remedies in controlling or altering them.

The rate of mortality or of recovery always has an infinitely closer relation to states of the atmosphere than it has to any treatment whatsoever; the poisonous miasmata with which it is loaded either varying in quantity or intensity, or losing or acquiring activity from certain changes which escape our observation. In the early stage of the disease this is chiefly remarkable in the rapidity with which patients fall into collapse at one time, the tardiness at another, and the facility or difficulty of arresting it by remedies. In the latter stage of the disease or collapse, it is not only observable in its intensity, or the contrary, but in the varying proportions in which the admissions into hospital in that state occur, and as a consequence, in which patients recover or die.

From this variable character of the disease one may readily apprehend the difficulty of instituting any fair comparisons between different modes of treatment, and the danger of drawing inferences from a small number of cases, or without reference to the place or period of their occurrence: it would, in fact, be impossible to avoid error even with vast records before us, if we had not besides, some certain mode of ascertaining, in all cases, at what stage of the disease it had fallen under medical care, such as we are furnished with in the temperature of the tongue and skin, and in the state of the pulse. It is universally acknowledged that when the pulse can no longer be felt at the wrist, the recoveries are few under any known treatment; but in those instances in which the pulse is still perceptible, many remedies, as we shall hereafter show, are highly influential, and some almost certain in arresting its course. In comparing the results of cases abandoned to nature, with the results of those medically treated, it is therefore necessary to consider separately such as are treated previous to, and after, the extinction of the pulse.

It was said by practitioners in India that no one recovered from cholera without medical assistance; and it certainly appeared to me, from my earlier experience, to be equally true of the disease in this country; for many months during which I witnessed the progress of hundreds of cases, both in and out of hospital, I did not meet with a single instance of natural cure; nor could I ascertain, on most diligent inquiry among medical friends, that any such had fallen under their observation. When, afterwards, the complaint partially subsided in Limerick, and began to attack the towns and villages throughout the surrounding country, where people evinced the strongest objections to go into hospital, there was a still better opportunity of estimating the probability of natural cures. In all of these places, however, the mortality was reported as universal. In Scariff, Kildysart, Castleconnel, Bruff, Croom, Hospital, Rathkeale, Adare, Askeaton, and other small towns, I could not learn that a single recovery had taken place where medical means were wholly rejected. If considerable information, and even very extensive personal experience of this disease, would allow of my forming any absolute inference, I might at this period have fairly concluded, with most medical men, that natural recovery from cholera was impossible. I had, however, some doubts remaining, suggested by many cures I had seen effected under very different, and sometimes opposite mode of treatment, and still more by a few extraordinary ones which had occurred in the hospitals in circumstances of such extreme neglect as made it quite allowable to consider them abandoned cases. At length, on the second violent irruption of the disease in Limerick, after it had been desolating the city for three months, I first witnessed the natural recovery of three individuals in one family, in the neighbourhood of Garryowen.

The difficulty of establishing the possibility of natural recovery, furnishes us with sufficient evidence of its extreme rarity; but this will be yet more clearly seen on adverting to what might be considered a law of the disease, if any rule could be called a law to which it can be justly said some exceptions have occurred:—*That without medical treatment every person attacked with it will fall into collapse, although they may not eventually die; and that such as recover do not do so by an arrest or cessation of the disease, but by struggling through and outliving all its stages.* It hence follows, that in estimating the probable chance of recovery in all cases left to nature, we may regard them as cases of collapse, to the frightful mortality of which we have before alluded.

It shall now be shown, by a reference to classified hospital reports, that this rule or law does not at all

apply to cases actively treated; that medicine is not simply influential, as in fever, in mitigating symptoms and assisting the patient through its different stages, but that it commonly, and almost certainly, arrests the disease if resorted to in time. This is so true, that if it does not arrest it—if the progress of the disease is not absolutely interrupted—if it goes on through collapse and fever, the patient is almost sure to die. In proof of these assertions I must confine myself to the reports of the hospitals in Limerick, to which I was myself attached. Singular to say, the reports transmitted to the London and Dublin boards of health, from all parts of the kingdom, are entirely useless as materials for medical reasoning, the distinction of cases as they happened to be admitted with or without a perceptible pulse never having been observed. If it was the general design to mystify the subject, and prevent the possibility of fair comparison under different modes of treatment, it could not be more effectually done than in those loose and useless records.

THE STRAND HOSPITAL.*

From June the 8th, to June 22nd, 1832.

	Admitted.	Died.	Recovered.	
In the primary stage,	24	4	20	being 16 deaths in 100.
In collapse,	20	17	3	being 1½ recoveries out of ten.
Total,	44	21	23	

Making the mortality nearly one in two upon the whole, the cases in collapse amounting nearly to half the total admissions.

ST. MICHAEL'S HOSPITAL.

From June 14th, to July 1st, 1832.

	Admitted.	Died.	Recovered.	
In the primary stage,	74	12	62	being 16 deaths in the 100.
In collapse,	80	67	13	being 1½ recoveries in ten.
Total,	154	79	75	

Making the mortality one in two upon the whole; the cases brought into hospital in collapse exceeding half the admissions.

From July 1st, to August 1st, 1832.

	Admitted.	Died.	Recovered.	
In the primary stage,	119	5	114	being 4 deaths in the 100.
In collapse,	46	42	4	being one recovery out of 10
Total,	165	47	118	

Making the mortality less than one-third upon the whole, the cases brought in, in collapse, exceeding one-third.

THE NUNNERY HOSPITAL.

From June 8th, to June 22nd, 1832.

	Admitted.	Died.	Recovered.	
In the primary stage,	128	7	121	being six deaths in the 100.
In collapse,	154	117	37	being little more than 2½ recoveries out of ten.
Total,	282	124	158	

Making the mortality one in two and a quarter upon the whole; the cases brought in, in collapse, exceeding half.

ST. JOHN'S HOSPITAL.

From June 8th, to July 18th, 1832.

	Admitted.	Died.	Recovered.	
In the primary stage,	419	29	390	being 7 deaths in the 100.
In collapse,	264	195	69	over 2½ recoveries in 10
Total,	683	224	459	

Making the mortality upon the whole, one in three; the cases brought in, in collapse, amounting to more than a third of the admissions.

ST. JOHN'S HOSPITAL.

From its re-opening, August 21st, to its final closure September 15th.

	Admitted.	Died.	Recovered.	
In the primary stage,	59	8	51	being 16 deaths in the 100.
In collapse,	61	43	18	being 3 recoveries in 10
Total,	120	51	69	

Making the mortality, upon the whole, considerably less than half, or about two-fifths; the cases brought into hospital, in collapse, being nearly three-fifths of the total admissions.

The cases running into collapse, on admission, which were yet arrested, are not given in these tables; they were usually classed with those in the primary stage. In the last cases admitted into St. John's (from the 28th of August) they amounted to 8, with the 8 (primary stage) which terminated fatally, making 16. This would give on the whole, cases admitted in collapse, and running into collapse, 77; deaths 51; being 26 recoveries, or nearly 4 in 10.

I have already mentioned that the perceptibility or imperceptibility of the pulse was agreed on by the medical gentlemen engaged in these hospitals, as the criterion by which collapse was established. The rice water purging and vomiting were regarded as the diagnostics of confirmed cholera. All patients with perceptible pulse, however sunk or cold, were recorded in the primary stage. It was, of course, impossible to avoid occasionally admitting persons with mere premonitory diarrhœa and vomiting; but these, I believe, seldom exceeded a tenth of those registered as admissions previous to collapse, and in the last instance, in St. John's Hospital, did not amount to more than five in the hundred.

In the foregoing tables are given the results of treatment in the two most prominent stages of the confirmed disease in 1448 cases. The frightful number of 546 deaths on the whole, might give one an idea that the remedies employed were very powerless or inappropriate, but when we come to classify and examine them, and find that out of 823 cases that came under treatment previous to the cessation of pulse at the wrist, only 65 died, while 758 recovered, who should say the remedies were not successful, or what disease of any severity could be pointed out to us in which any medical treatment could be expected to accomplish more? On the other hand, out of 625 cases brought into hospital in collapse, the awful number of 481 died—144 only, recovering, a manifest proof that the remedies so eminently successful previous to collapse, were worthless or injurious after it had taken place, and that few or no remedies are applicable to all stages of cholera.

I am not here entering into a consideration of these remedies, my object being merely to shew the kind of

* In these reports there is no separate column for bilious diarrhœa; such cases were regarded as merely premonitory, and usually treated at the dispensaries. The stage of rice-water discharges is called the primary stage.

evidence which should influence the medical enquirer, as opposed to opinions or theories. I have indeed offered these tables only as a faint approach to the accuracy with which the effect of remedies ought to be observed and tested, and I would ask the medical student or practitioner in connecting the treatment adopted, with the results, whether he would require the opinions of any men to confirm him in his inferences. Whether he could hesitate to adopt a treatment in the first stage of cholera, by which he would arrest the disease in from 85 to 95 cases in the 100, or whether all the denouncements of a remedy by individuals, however high their rank in the profession, would weigh one feather in the scale against deductions from numerical results tested by large numbers.

I could not, within the limits of your journal, venture to go into all the details which might be requisite to convince the profession that our enquiries into the nature and treatment of cholera are only beginning—that we have as yet acquired very little knowledge capable of being turned to practical account, and that we must adopt a very different method of recording and classifying cases before we can hope to obtain more. It is the less necessary, I should dwell upon it as any person curious on the subject may find it discussed in full, in some papers, published by me in the *London Medical Gazette*,* entitled "*Recollections of Cho'era*," which I regret Dr. Benson did not happen to see.

WILLIAM GRIFFIN, M.D.

74, George-street, Limerick.

* See *London Medical Gazette*, Vol. I. and II. session 1837-8.

REVIEWS AND NOTICES OF BOOKS.

ELEMENTS of MATERIA MEDICA, and PHARMACY. By O'B. Bellingham, M.D., Lecturer on Materia Medica, at the Richmond Hospital School of Medicine, &c., &c. Edited by Arthur Mitchell, M.D., Lecturer on Botany, at the Richmond Hospital School of Medicine. Dublin, 1841.

It will be readily acknowledged that few if any departments of medical literature are so scantily supplied with publications, worth perusal, as is materia medical and every one thrown much in contact with the medical student, must have been frequently embarrassed when asked to specify a work combining the properties of a comprehensive and yet reasonably concise treatise on the subject. We are, therefore, gratified to find that Dr. Bellingham has undertaken to supply the desideratum in question, and the task could not have fallen into more competent hands. The present publication constitutes but the first part of the work, and is, in fact, an introduction to the study of materia medica. The six first chapters treat of the chemical analysis of the articles of the materia medica; and the pharmaceutical operations and preparations are discussed in the 7th and 8th chapters. The modus operandi of medicines, the circumstances which modify their general action, and the methods of administering and combining medicines, are dealt with in the 9th 10th and 11th chapters respectively; and the 12th or concluding chapter is occupied with the classification of medicinal substances. We are glad to find that Dr. Bellingham rejects the natural-historical classification of medicines, and adopts a therapeutic arrangement; the natural-historical arrangement, no doubt, throws together *like substances* but it assuredly conjoins *unlike medicines*, and disjoins *like medicines*. We might, perhaps, find fault with some particulars in Dr. Bellingham's classification, but as we are not certain that we could replace it by one less open to objection and criticism, we shall content ourselves with expressing our belief that a satisfactory classification of the materia medica has yet to be devised, and is probably impossible to be effected in the present state of our knowledge.

We can safely recommend the present portion of Dr. Bellingham's work to both student and practitioner; as we do not pretend to the gifts of divination and prophecy, we cannot, of course, pronounce any absolute opinion as to the value of that part of it which has yet to appear; but if it be legitimate to judge of the whole by the sample submitted to our inspection, we confidently anticipate that the work when completed, will constitute a valuable addition to medical literature; and in this conviction we are strengthened by the deservedly high scientific character of the author.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 17, 1841.

SALARIES OF THE MEDICAL OFFICERS OF THE SOUTH DUBLIN UNION.

We publish at length, the debate on this subject that occurred at the last meeting of the board of guardians; from which it will be seen that a *locus penitentiæ* still remains open for the commissioners, Sir Robert Shaw not having brought forward the motion for a general resignation of the guardians, of which he gave notice last week. We do not find fault with this moderate course, but we venture to predict that it will be productive of no good effect, and we hope the worthy baronet will not suffer himself to be deterred from his purpose by any phantoms which may be called up by the hopes or fears of such of his colleagues as may be place-hunters, if any of that odious race—ever the disgrace and the destruction of Ireland—occupy seats at the board. Sir Robert need not fear a *collision* between the two houses, of guardians, and commissioners; whenever such an event occurred, (as for example, in the press question, and in the case of the outrage upon Dr. John Jacob), the commissioners were always beaten with disgrace, and they always will be so beaten, no matter how they may be supported, so long as their capacities remain of the present standard. The country has already suffered many evils from an apathetic and slavish submission to the tyranny and folly of these people: it cannot but be benefited by a collision with them, should that collision be the result of a firm determination on the part of the guardians to do their duty toward the poor and toward themselves. We now tell these latter gentlemen, and we call upon them, deliberately, to mark our words, that they cannot rid themselves of the moral responsibility which they have voluntarily undertaken, by throwing the blame upon the obstinacy and ignorance, (profound as they undoubtedly are,) of Mr. Nicholls, or Mr. Hall.—Such an excuse may serve to quiet the consciences of some; but it will not save their reputation, when the public learn, as they may now do from the speech of Sir Robert Shaw, that 2018 children of tender age, have been incarcerated in the South Dublin Workhouse during the last fourteen months; that the medical officers have publicly stated, that a system of lodging and feeding these unhappy children has been adopted, which must either consign them to a premature grave, or "render them so scrofulous, as to be a curse to themselves and a disgrace to the institution;" that, as we now inform them, it is a well recognised physical impossibility to rear up five or six hundred children as prisoners within the walls of any building whatever, without endangering their lives or cruelly curtailing the natural proportions, both of their minds and bodies. We say, when the

public reflect upon these matters, which they are now beginning to do, they will not acquit guardians of the blame of participation in them, upon the plea that it is with them a legal necessity to submit to the controlling power of Poor Law Commissioners. No law can impose an obligation upon any man to do what is morally wrong, and we presume no sane person will deny that it is morally wrong to place any number of children, from one to 2018, in circumstances which competent authority has declared to be calculated "either to consign them to a premature grave, or render them so scrofulous as to be a curse to themselves." But we cannot believe that these commissioners really wish to force upon the guardians the continuance of so revolting a system: we accuse them of ignorance, but not of utter depravity of heart; and we cannot but think that the resistance they have offered to the adoption of means suitable for preserving the lives and health of the occupants of the workhouses, has been entirely owing to that pedantic adherence to their own official *dicta*, which so constantly characterises men of narrow understanding, whom accident has placed in positions, for which, neither their nature, their education, or their habits have fitted them. A firm line of conduct on the part of the guardians would be a certain means of forcing a knowledge of the true state of matters, on the minds of the commissioners, and we are persuaded that the resignation of one board of guardians upon a principle such as that now in dispute, viz.: the proper care of the lives of the inmates of a workhouse, would produce a thorough alteration, not only in the outward conduct; but in the views and opinions of those gentlemen. We must again, therefore, express a hope that Sir Robert Shaw may not abandon his original motion, should the more moderate course he has lately adopted, be unsuccessful.

We alluded last week, to a line of argument that we think has not been sufficiently employed in the case of Messrs. Nicholls and Co., we mean the *argumentum ad crumenam*. The emoluments enjoyed by these gentlemen are perfectly monstrous, and have doubtless, in conjunction with the unconstitutional powers entrusted to them, had a large share in engendering that tone of insolence and presumption which has led them into so many difficulties, and the country into so much trouble. It is very desirable that public attention should be called to the contrast between the amount of the salaries of the poor law functionaries, and of other public officers of a more constitutional character. The under secretary of state, for example, has but £1500 a year; Mr. Nicholls has £2500. The Assistant Barristers of Irish counties, have from £600 to £800; the legal police magistrates but £500 a-year, while each of the Assistant Poor Law Commissioners between salary and travelling expences, receives no less than £1100. Yet the former are invariably educated, and often distinguished, professional men, while the latter are a rabble of pauper baronets, briefless barristers, ex-masters of workhouses, decayed attornies, and broken down country gentlemen, whose estates require to be put to nurse. Those who are more familiar than we can pretend to be, with the pay and perquisites of office, will doubtless be able to extend the comparison. We hope that in this season of financial difficulty the subject will be remembered, and also our offer made last week, to procure three men able and willing to do the work of Mr. Nicholls and his ten subordinates, better than it is now done by them, and at a fourth of the cost.—We now advisedly repeat that offer, and we beg of those who may doubt our ability to support it, to institute a few enquiries upon the subject. Let them, for example, enquire from the several boards of guardians of Cork, Ennis, Kilkenny, Mountmellick, Waterford, (we mention these places pretty much at random,) what amount of actual work was done during the last year by their respective assistant commissioners? how much of the time of these gentlemen was spent at various periods in England, on their own business or amusement, or defending their conduct before the House of Lords? Let the question be put to the commission generally; though we fear it will not be answered—how much of the time of the whole establishment has been occupiedin getting up, arranging and ediing, mystified repotrs having for their sole end, object, and use, the perpetuation of the offices and salaries of the company of reporters?

It is time these matters were looked into. We have played the fool long enough, and our vast poor-houses filled with strong and able-bodied young women, languishing in idleness; and with crowds of scrofulous children; the streets of our city swarming, beyond all precedent, with miserable paupers, show but too plainly the amount of our folly; while a rate during the last year, of seventeen-pence in the pound informs us of its cost. The first step towards amendment will be an attack upon the numbers and salaries of the commissioners; leaving these in their present condition is but keeping up a standing army, and filling a military chest to be employed in the destruction of our liberty and property. A desperate resistance will, no doubt, be made, and every stratagem called into use; even now symptoms of activity are not wanting. Already preparations are making for obtaining more power over the persons of our unfortunate fellow-countrymen: Mr Nicholls' organs are already proclaiming the necessity of a law to enable that gentlemen to issue *lettres de cachet* against all who are poor. The beggars who now fill our streets and roads, proclaim the failure of his legislation; power to imprison them is therefore necessary for his quiet, and an act for the coercive suppression of mendicancy is now found to be required for the safe carrying out of the workhouse test. Under the proposed act it is, of course, contemplated to commit to the county jails not only vagrants and sturdy beggars whose public appearance may practically give the lie to the Nichollian theory; but the deserted infants for whom according to Mr. Hall (see MEDICAL PRESS, vol. VI. p. 269) it is impossible, owing to the expense of nurses, to provide in the workhouse. Two objects will thus be gained, the sore of mendicancy will be hidden from the gaze of casual passers by, and the expense of keeping the true objects of a poor-law, will be transferred to the account of the grand jury cess, while the yearly reports of Mr. Nicholls will show the most gratifying proofs of the cheapness and efficiency of the celebrated test. It is time for us to conclude; but before doing so, again we say, let the evil be attacked at its source—let the numbers and salaries of the poor-law commissioners, great and small, be taken into consideration, and a cry promptly and vigorously raised for their retrenchment.

POOR-LAW INTELLIGENCE.

SOUTH DUBLIN UNION.

At the meeting of guardians, held on the 11th inst. Sir Robert Shaw said he regretted being obliged to trouble the board so frequently on the important subject of the salaries of the medical officers, but he conceived the letter received the other day from the Poor Law Commissioners, disapproving of the resolution recommending an increase of salaries to the physician and surgeon, which had so often passed the board unanimously, exhibited a want of courtesy (hear, hear). On the recommendation of Mr. Commissioner Hall, the board fixed the salaries at £60, on the express understanding that should the labour be heavy, it would at a future time be raised to a just proportion; for, said Mr. Hall, it would be much more gracious to raise the salaries than to be

obliged to reduce them, and you do not yet know what time or labour will be required. Now, gentlemen, continued Sir Robert, during the first fourteen months that this institution was open, 3,680 cases were treated by your medical officers—145 cases of spotted fever; and their attention must have been great indeed, as but four deaths from fever occurred during that period. This board, gentlemen, you are aware, is composed of highly respectable citizens from all parts of Dublin, and of many ratepayers from the rural divisions, of different professions, different politics, and creeds; yet they twice unanimously agreed on the increase of the salaries now in discussion.—There were, during the period already mentioned, in this institution 2,018 children, requiring great care and attention, subject to every epidemic, such as scarlatina, &c. I am sure I am under the mark when I say there are 300 daily to be attended, besides many lunatics, the average number being 48; also frequent cases of midwifery; so that not only is there an actual labour of five hours daily, but frequent night-attendance also (hear, hear). I trust that this explanation will do away with the ridiculous idea of one medical officer being found to perform the entire duty, even at any salary. With respect to the commissioners' last letter, I must say it was written under a mistake, as it is therein stated that the South Dublin Union pays a higher salary than any other Irish union. I can show the contrary from Mr. Phelan's (one of the commissioners) reports, wherein you find the average cost per case in Newcastle to be 2s. 8d.; Clonmel, 2s. 6d.; Waterford, 2s. 5d.; Dublin, 2s. 1d. So that Dublin is but the fourth-rate instead of the first (hear, hear). It is plain the letter of the commissioners was written under a delusion (hear, hear). I beg to read for you an extract from the 44th report of a select committee on the poor law amendment bill, where one of the first medical men in the world gives his opinion as to the character of the men you should employ, and then judge for yourselves, gentlemen, do you fairly pay them. Sir A. Cooper says, "You ought to look out for the same man to attend upon the poor as you would be satisfied with in your own family; make the case your own, and you are sure to be correct." In reply to another question, he says, "If a very clever man comes into that part of the country very highly recommended, I see no reason why you should exclude that medical man, even supposing there were resident practitioners there; but if a medical man comes into a district, and says, I will attend for £50, where the resident practitioner offered to attend for £100, there can be nothing more horrible or more degrading to the profession, or more injurious to the poor" (cries of hear, hear). I certainly feel, as a guardian, that we cannot, as a board of guardians, come to any conclusion without the sanction of the commissioners. In some instances it might be well; but I am satisfied the legislature never intended that they (the commissioners) should go so far as they seem determined. All other public institutions pay their medical men higher than we do. Yet, in these different hospitals but certain complaints are admitted, whilst here every complaint has to be treated. I certainly think it is shabby, mean economy, to force men either to resign or to remain upon such a pitiful allowance. I beg, Mr. Chairman, to move the following resolution:—

"Resolved—That it is the opinion of this board that the salaries of the physician and surgeon of this workhouse should be raised from £60 to £100 per annum. That it is also the opinion of the board that one medical officer could not discharge the duties to be performed in this house; and that again for the third time, we call on the commissioners to agree in this resolution."

Councillor Mackey seconded the resolution.

Dr. Kirkwood said—It strikes me that the entire aim of the commissioners is to lower the medical profession in the eyes of the country. I put it to the commissioners, would one medical man be found to perform the duties well, when it now occupies for five hours daily the two gentlemen who attend the institution at present.

Captain Nowlan said he had been during the early part of the day engaged in opposing the rise of the salaries of the medical officers of the gaols; he had been unsuccessful; they were raised to £400 per annum each. On the same principle he came here to support an increase of salary to the physician and surgeon of this institution. He could not obtain from the gaol doctors what time they spent for their £400 per annum, whereas it is well known that five, six, nay, sometimes seven hours, are spent in this workhouse daily by our medical officers. For my own part (said Captain Nowlan), I must say, I never met two more attentive, clever, and humane gentlemen than Messrs. Lees and Shannon. I can promise the commissioners that I shall not cease agitating the question until the wishes of this board are complied with; and I feel satisfied that nine-tenths of the rate-payers will join heartily in the recommendation now made by this board to the commissioners.

Mr. Dolan heartily subscribed in the recommendation made to the commissioners, as he conceived the salaries disproportioned to the duties; he was, however, upon all occasions anxious to uphold the controlling power of the poor-law commissioners.

Mr. Hall (the commissioner) entered into an explanation as to the English workhouses, and he went on to shew that in comparison he considered the officers of this institution equally well paid either with the English or Irish unions.

Sir Robert Shaw replied, and remarked that the present pay of the physician and surgeon was three and four-pence a-day; taking one shilling for care hire, left two and four-pence, not half-a-crown, which the commissioner would think nothing of paying to his postillion after a day's inspection of some workhouse.

The motion was then put, and carried with but one dissentient voice.—*Saunders's News-Letter.*

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXIII.

IN my last lecture, gentlemen, I was speaking of colic, and I mentioned the varieties or species of it which are to be met with in practice. The Spasmodic, the Stercoraceous, the Accidental, the Meconial, the Callous, the Calculous, the Windy, the Distentional, the Intussusceptional, the Hernial, the Infantile, and the Painter's colic. The first six and the last one are described by Cullen, the others, with the exception of the distentional, are well known to every body; but they are not all much known as forms of colic. At our last meeting, I gave you the symptoms and treatment of my list of colics, down to the *windy;* we now come to the distentional.

Well, the *Colic of distention*, I think we may call Abercrombie's; it is not mentioned by other writers, and yet, I would say that he proves beyond a doubt, that it is a very common form of the complaint, that the spasmodic form is hardly to be met with, and that the cases supposed to be spasmodic, are in reality cases of distention. He gives a number of cases of ileus, that is of colic with the severest symptoms, and on examination after death, he generally found one part of the intestinal canal in a state of distention, and another part empty and contracted, presenting the form of a cord. He therefore asks which of these was the morbidly affected part? which of them gave rise to the colic? and after weighing the arguments for and against, he concludes that the distended portion was the really morbid part. He says, "the collapsed state, in which it assumes the form of a cord, appears to be the natural state of healthy intestine when it is empty. We often see nearly the whole tract of the canal in this state in the bodies of infants, who have died of diseases not connected with the abdomen, but in whom the bowels have been kept very free often up to the period of death. We cannot doubt that a similar state of uniform contraction is the healthy condition of other muscular organs when they are empty, such as the bladder. We have then no sufficient ground for assuming that the state of uniform contraction of intestine is a state of disease. On the other hand, we learn from various cases, that a state of uniform distention, with lividity, may occur as a primary disease of the canal, without any appearance of obstruction, and without any part of it being in a contracted state. The collapsed parts are almost invariably found in a healthy condition at all periods of the disease; the morbid appearances, whether inflammation, lividity, exudation, or gangrene, being almost entirely confined to the distended parts." He gives a case too in which galvanism, applied to the abdomen, had the effect of removing the costiveness, pain, and vomiting, an effect which he supposes it would not exert on a contracted, but only on a distended intestine; and he thinks it will not be disputed that the poisonous effects of lead on the intestine, must be the destruction or diminution of its muscular power. These considerations appear to me to establish incontrovertibly the right of distention to a very high place amongst the causes of colic.

Now, how is such a form of colic to be known and treated? The diagnosis must be difficult; most of the windy cases owe their symptoms to distention, but then they may conveniently come under a distinct head: it is when the distention depends on a paralysis of the muscular fibres of the intestine, or on their inflammation, gangrene, or the like, so that they do not propel the contents of the tube, it is then properly that we would call it the colic of distention. A part may be highly inflamed in its mucous coat, without affecting the muscular; but if the serous coat be much engaged, the muscular is very generally affected. We see the difference of the two cases every day, and we account for it by the more intimate union of the two latter, than of the two former coats. See how highly the mucous membrane may be inflamed in a part, or in a long tract of the intestine, aye even to ulceration, and the muscular coat hardly sympathizes at all; but if any portion of the serous layer of the intestine be inflamed, the muscular coat seldom escapes, and its loss of tone, and the tympanitis which follows, show how much it suffers. Cases occur, too, in which the inflammation originates in the muscular coat, and may go on to gangrene, whilst the other coats are scarcely involved. But all this time I am not telling you the diagnosis of the distentional form, though I am giving you its pathology. There ought to be costiveness, and vomiting of course; but these are common to all. There ought to be a distended rather than a contracted state of the abdomen. Some tenderness frequently exists, and is sure to exist if there be peritoneal or muscular inflamation in the part, but not in simple paralysis. Then there is the absence of the symptoms which mark the other species.

If we can make up our minds upon the subject, the

treatment indicated is plain enough; local and general bleeding in cases where inflammation is present; calomel and opium must also be given if the tenderness of the part leads us to think that the peritoneum is engaged; stimulants, as mustard poultices, galvanism, turpentine or blisters, if we think there is loss of tone in the part without existing inflammation, or even in inflammation after decided topical and general depletion; turpentine injections, and pills of aloes and hyoscyamus frequently repeated, with various stimulants, may be used with advantage when we do not think there is inflammation. Such are some of the remedies to be adopted in the colic of distention.

The *Colic of intussusception* is caused by an occurrence which is rare in adults, but is often seen in children. It is where one part of the intestinal tube gets into the canal of another; in a great majority of instances the upper portion, that is, the part nearest the stomach, is received into the lower, or that nearest the anus; the jejunum into the ileum, the ileum into the cœcum, &c.; but the reverse of this has occasionally occurred. Here you have on the table, several specimens of intussusceptio, or introsusceptio as it is sometimes called. *Here* is one in the small intestine of a child; I do not know its history. *Here* is one found after death, in the ileum of a child, by Mr. Wright; it was not the cause of death, nor was it marked by any symptoms during life; *here* you see the ileum received into the colon, and in a gangrenous state from the strangulation which it suffered; *here* the cœcum and a large portion of the ileum is lodged in the colon; in *this* bottle you have the sigmoid flexure of the colon lodged in the rectum; the entire rectum is plugged up with the displaced bowel; the coats of the prolapsed portion are thickened, and its inferior extremity swollen, solidified, and sloughy; the opening in it, at the lower end, is barely large enough to admit a quill; in *this* there is a foot in length of the colon introsuscepted, yet without any appearance of strangulation; *here* you observe a gall stone which appears to have lodged itself in a pouch of the small intestine, and thus to have been the cause of this intussusception; *here* is a very curious, and I may call it a very valuable preparation; it shews what the vis medicatrix naturœ can do; it is a piece of small intestine, about fifteen inches long, which was expelled *per anum*, and doubtless had been intussuscepted; the patient, an adult female, laboured under the symptoms of ileus, from which she recovered after expelling this piece of intestine, and lived for years after, but she was unfortunately afterwards lost sight of. The preparation is amongst the fine collection presented to the College by Mr. Kirby. You see the part is really intestine, and not any tubiform layer of lymph; you may trace all the coats in it, and recognize all the textures of true intestine. In the 9th Vol. of the *Dublin Journal of Medical Science* there is a remarkable case quoted from the *Archives Generales de Medicine*, in which a portion of ileum, thirty-six inches in length, with irregular openings in different places, but with the canal complete for fourteen inches at one extremity, and seven at the other, was elimenated per anum; it was accompanied with a portion of mesentery six inches long, and two wide; the patient, a woman of middle age, lived several months after. Dr. M'Keever of this city published a most important and interesting case, in which a portion of small intestine, almost as long, was separated by sloughing in a case of ruptured uterus, and the patient recovered perfectly. I had notes of other cases by Dr. Croker, by Andral and others, but I could not lay my hand on them just now: there is no lack of them however.

Now how do you account for this curious form of disease, and for the extraordinary recoveries which we sometimes see, with loss of so much of the canal, and yet without any extravasation of its contents? Why, if you just consider the vermicular motion of the intestines you can account for the occurrence of the disease, and if you reflect on the strong tendency there is in its peritoneal coat to form adhesion, you may account for the recoveries. You know that in the vermicular motion the circular fibres of the upper portion of the intestine are contracting to propel the contents, while the circular fibres of the part next below are relaxing to receive those contents, and to contract in turn upon them, and so on successively; at the same time the different portions of the tube are shortening and lengthening themselves by the contraction and relaxation of their longitudinal fibres.—Now, if there should be any want of consent or harmony in the succession of these motions; if, suppose, the lower part remains too long dilated, or the upper too long contracted, whilst the longitudinal fibres, or gravitation, or the like, should pull the upper contracted into the lower dilated part, ever so little, an introsusception takes place which may go on increasing; for as soon as the dilated part contracts, instead of pushing back the included piece, its peristaltic tendency is to push it forward, and increase the evil.—The mesentery, 'tis true, opposes a considerable obstacle, and but for it, those intussusceptions would be very common, yet the obstacle it presents is often surmounted. As to the recoveries—you see that when one portion of intestine is pushed down into another, the serous coat of the inclosing and inclosed part are in contact; there is just strangulation enough on the included part of the tube to cause its mortification, and there is just irritation enough in the serous edges to cause their adhesion before the mortified part sloughs away into the bowel. Just double down the finger of your glove, thus, at the middle, pushing one part into the other, not from the end, but forming a plait in the middle, and you see the mechanism of intussusceptio; it is very well seen in this plate of Cruvelhiers. Intussusceptions are probably very common in children, yet without producing great inconvenience, as they disengage themselves again before serious symptoms set in. We very often find one part of the tube contained in another, or invaginated, in the *post mortem* of children who showed no abdominal suffering during life—you have one in that jar, which I showed you, presented by Mr. Wright. The fineness of the mesentery, and the irritability of the muscular coats in the young, permit these invaginations to occur, but they also permit them to undo themselves more readily than in the old; and perhaps many a little attack of colic in children is occasioned by an intussusceptio, which quickly unfolded itself and passed away.

An inclosure of the intestine in this way may exist for some time without any symptoms to denote it, but after a certain interval, the whole tube above sympathizes, its action is inverted, you have vomiting, pain in the part, a twisting uneasiness, or rather a forcing down sensation in the region of the obstruction, obstinate constipation, cold feet, and a hurried pulse. At the outset little or no tenderness is felt, even pressure may be agreeable, but in a short time the part becomes tender, the abdomen somewhat distended, and frequently the signs of peritonitis too plainly manifest themselves. In some rare cases a tumor may be felt, which will lead to a suspicion of the cause, but we are generally unable to speak with confidence of the intussusception. We have the symptoms of severe ileac passion *(ileus)*, and we see there is no hernia externally to account for it, neither does it correspond to the symptoms of the other forms which I described, and we *conjecture* that it is some internal strangulation, but it is only conjecture—sometimes, indeed, almost amounting to certainty, though we can only guess at the exact nature of the strangulation,

whether an intussusception, or an internal hernia, or a twisting in the canal, or a band of lymph—cases which I will speak of presently.

The *treatment* of intussusceptio must be directed to unfold the intestine and to guard against peritoneal inflammation. Brisk purgative medicines are likely to increase the evil, and in general they will not be retained; calomel, however, will be retained in most cases, and will answer the double indication; we may combine it with a small quantity of opium, or the extract of hyoscyamus. But the most effectual remedy is bloodletting; blood ought to be taken in a full stream, so as to produce syncope, during which the intestine is very apt to right itself. The patient may also be put into a warm-bath, and gentle friction with the hand used over the abdomen while he is there. After the bath, if the symptoms continue, or while the bath is getting ready, large emollient enemata ought to be thrown up; and if these should fail, after two or three trials, we may have recourse to the tobacco enema—a scruple of tobacco, infused for ten minutes in a pint of boiling water, will make a good injection which you may repeat according to circumstances. Should any great depression of strength follow the tobacco injection, you must postpone the renewal of it until all that is gone, but if it has not made an impression you may repeat it in half an hour, or even make it stronger, should it be rejected without effect. When all fails you cover the part with leeches, you stupe continually, and you give a grain of calomel, with a fourth of a grain of opium every hour, so as to try and arrest the development of a fatal peritonitis.

Cases occur in which, after every medical means has failed, the question of cutting down upon the part where we believe the obstruction to exist, may be entertained. The operation is of so dangerous a nature that no one would attempt it except as a *dernier resort*; and by the time that the surgeon has made up his mind to venture upon it, and has gained the consent of the patient or friends, it is usually too late, a peritonitis or some irreparable mischief has commenced, and no result can be looked for but disgrace to the operation and the operator. However, we learn that such an operation *has* been performed with complete success. In the *Transylvania Journal of Medicine* we have the following case recorded:—

"*Case of Introsusception, in which an Operation was successfully resorted to, by John R. Wilson, M.D.*—The subject of the operation was a Negro man, aged about twenty years, the property of Mr. Charles Dement. The patient had laboured for seventeen days under bilious colic, and stercoraceous vomiting, and the other more alarming symptoms of this disease had appeared. All the active purgatives were administered in vain, and on the evening before the operation was resolved upon, as a *dernier resort*, some ounces of crude mercury were given. The constipation remaining, with the other formidable appearances, it was plain that nothing but the knife could save the patient.

"The operation was performed in the following manner: an incision was made along the linea alba, commencing above the umbilicus, and extending two or three inches below it, being in all about five inches in extent. The bowels being protruded through the wound, that portion involved in the stricture came into view. It was found to be in the *ileum*. The bowel was grasped above and below the point of obstruction, and after several efforts of considerable force, the adhesion gave way. The exertion necessary to break up the attachments, it was feared, might lacerate the intestine; but no such accident followed. The bowel strangulated was of a dark, livid appearance, evidently approaching to gangrene, and of double its ordinary size. The vessels of the omentum were also deeply engorged with black blood, apparently stagnant. The parts seemed to be on the verge of mortification. After returning the intestines into the abdomen, having carefully excluded the atmosphere during the operation by a warm, moist cloth spread over the viscera, the wound was made secure by a few stitches with the needle, and adhesive strips. The patient was put to bed, and in a very short time voided the mercury which he took the evening before. His recovery was rapid and entire."

Had this operation been performed on a white man it would be much more encouraging as an example, for I think there can be no doubt that negroes bear injuries, and recover from them, which would be certainly fatal to us.

The *Colic of hernia* is extremely common, you know, in surgical practice. Every day you see patients coming into hospital with strangulated hernia; they have pain in the hernial tumour, some tenderness, often great tenderness there, and sometimes neither pain nor tenderness there, but the pain is referred to the umbilicus, and is of a twisting, wringing character; the constipation is in almost every instance complete; there is vomiting, some increase of frequency in the pulse, some foulness of tongue, and so on; I need not minutely describe the symptoms; they vary a good deal with the stage of the complaint, and will be more particularly noticed by the professors of surgery. Whenever you see the symptoms of colic, you ought to search diligently for a hernia. Many persons, most patients indeed, fail to direct your attention to it; they say the cause of their suffering is all about the naval, or their sick stomach, and even when asked if they have a rupture, they will deny it, or tell you that they have had one for many years but it is not troublesome, and can have nothing to do with their present complaint. You are not to be deceived by their representations; you feel the inguinal regions, and if any tumor be there, you may be pretty sure it is the source of all the mischief. I have known some sad and fatal consequences follow from treating a colic without looking for hernia—fatal to the patient's existence, and fatal to the practitioner's character. When you have discovered the tumour in the groin, you have still to decide whether it is a gland, or a psoas abscess, a circocele, a varicocele, a hydrocele or any other disease of the cord or testicle. Most likely it is a hernia, but you must be able to speak positively, and if you have not a good knowledge of your profession in both its branches, both medicine and surgery, you cannot always decide. No case shows more strongly than this does the necessity for studying the two departments, the medical and the surgical, if you would practice either of them with comfort and success. I lately saw a melancholy instance of ignorance in a medical man, who was treating a case of ileus. He told me he had done every thing for his patient in the way of purgatives, stupes, enemata and so forth for three days, but without effect; that the man was too weak for bleeding, and was sinking rapidly, and he knew not what more to do. On seeing the patient, I enquired if he had examined the groin, and he said that he had, that the man himself had directed his attention to it, but that he only found a tender and enlarged gland there. This gland proved to be a femoral hernia, which was turned upwards on Poupart's ligament, and was quickly reduced by an operation, but the remedy came too late—the man lived only forty-eight hours longer.

Besides these external hernias, which are in general of easy detection, we find various internal hernias and strangulations, of whose existence we can only form a conjecture. *Here* is one presented by Mr. Colles: it is a partial strangulation of the ileum in the inguinal canal; the strictured part is not larger than a pigeon's egg, and the tube, though narrowed, was not interrupted. The symptoms were obscure; the patient slowly sank, without peritonitis, and the cause was not discovered until after death. *Here* is a hernia which took place in the upper and outer par

of the obturator foramen, too small and too deeply covered to be detected during life. *Here* is a diaphragmatic hernia in an adult male; the protrusion is at the right side, and consists of a large mass of intestine and omentum, which have passed up into the thorax through the diaphragm. *Here* is a remarkable internal strangulation; a narrow band of lymph surrounds the root of the mesentery, embracing a long piece of intestine: by the tightness of the band mortification of the strictured portion was produced. *Here* is an internal strangulation occasioned in a similar manner, but occurring after parturition, in consequence of the altered position of the abdominal viscera: it appears that an adhesion was contracted between the ovarium and the mesentery, when the former was high up in the abdomen; a strong band of lymph, two inches long, connects these parts, which, when the ovarium was carried down into the pelvis at parturition, formed a noose round a portion of the intestine, and caused its mortification; three feet of the ileum are in a state of sphacelus, and the peritoneum was highly inflamed. The lady in whom this was found had had several children; her last pregnancy was not marked by any peculiarity, but immediately after the birth of the infant she complained of severe pain in the abdomen; no evacuations could be procured from the bowels; the belly became swollen and tense; the pulse remarkably quick and small; she sank rapidly, and expired in thirty-four hours after delivery. In *this* jar you have a still more remarkable case of internal strangulation, produced by a *diverticulum* of the ileum; this process is five inches long; its blind extremity, which is large and filled with intestinal matters, became so entangled with the centre of the process as to form a noose about the mesentery, and thereby to constrict the vessels, and cause strangulation of several feet of the small intestine. The subject of this singular affection was a medical student, who, in the vigour of health, was suddenly seized with symptoms of ileus, followed by those of peritonitis, and died in 48 hours from the first sensation of uneasiness. It is marked as presented by Mr. Cusack.

Now as to the *treatment* of hernial colics—if the hernia is external, we try to liberate it according to the rules so long and so well understood, and laid down in every work on hernia, that is, by skilful manipulation, aided by bleeding, warm bath, tobacco enemata, and so on, and when these means fail, by operation not too long delayed. But in an internal strangulation, even if we knew that it existed, we never could use the taxis, and we hardly ever could venture on an operation, so that bleeding, the warm bath, tobacco enemata, and calomel with opium, are the only remedies we have recourse to. The calomel we use in the hope of checking the peritonitis, which so generally follows the strangulation. But it often happens that a hernia is reduced, yet the colic continues, and the patient sinks. He is supposed to die of peritonitis, but the supposition is frequently found to be groundless; the autopsy shows little or no peritoneal mischief. I have shewn you specimens of internal strangulation too, in which there was no peritonitis; and in Dr. Abercrombie's excellent work, you find many cases of ileus fatal, without peritonitis. We ought, therefore, on returning a hernia, to mark well the symptoms, and treat them according to their indication, not blindly considering the vomiting, constipation, and debility to be always a proof of peritonitis. If they be not depending on peritonitis, but on the exhaustion of colic, it is absurd to treat them with leeching, bleeding, depressing, doses of calomel, and such like; it is more rational to use opiates, cordials, external stimulants, and such other remedies as are calculated to support the sinking system, and excite the healthy action of the injured part.

GLANDERS IN THE HUMAN SUBJECT.

HOPITAL NECKER.

CHRONIC FARCY, TERMINATING IN ACUTE GLANDERS.

Reported by MM. Lhommau and Rocher.

G. Mullier, aged 41, a groom, was employed March 29, 1841, in a stable containing 87 or 88 horses, and had the care of eight of the number, all of whom were ill for about a fortnight, and had an abundant discharge from the nose; he washed their nostrils at least five or six times daily, but did not sleep in the stable. He does not recollect that he had any excoriation on the face, hands or feet; a few days after entering the employment, however, he struck the anterior part of the left leg against an iron bar while harnessing one of the horses, but though the pain at the time was severe, there was no breach of surface, nor even a contusion, and he forgot the circumstance. About a month subsequently he became affected with ague, which assumed the tertian type, and was speedily cured by sulphate of quinine; but at the same time he experienced pain in the leg where it had been injured. The pain was dull, and increased on pressure, and was soon followed by the appearance of a tumor in the situation where the blow had been received; this tumor was hard, resisting—the size of a nut—painful on pressure—gradually augmented in size, and after a fortnight became red—fluctuating—and presented the character of a phlegmonous abscess.

He was admitted to the Hopital Necker, June 20th, the tumor was opened—a small quantity of pus found exit, and the part was cicatrised after about 12 days. During this time the patient complained of acute pain towards the sternal extremity of the right clavicle, which was more intense at night, and interfered with sleep; on examining in this situation, a tumor was discovered, which was already red and fluctuating—hard to the touch—and the size of a chestnut. Rest, mercurial frictions, and the emplastrum de Vigo dissipated the pain, and the tumor almost completely. The patient left the hospital on the 5th of July, and resumed his usual occupation, but was employed in the care of healthy horses; those he had previously groomed being entrusted to another man, who does not appear to have suffered from attending on them. He was far however from being restored to perfect health: he was feeble without however suffering from pains in the limbs: he had scarcely any appetite—suffered from extreme thirst, and laboured under diarrhœa during the months of June and July; having daily five or six stools, which were very fœtid; greenish at first, and subsequently glairy; from time to time he suffered from nausea, occasionally terminating in vomiting; every two or three days he experienced slight rigors, which lasted two or three hours; his sleep was bad; he often suffered from headache, sometimes from vertigo, and frequently had a sensation of weight in the head.

July 12th—While moving his arm in a bath, he perceived on the posterior surface of the fore-arm indolent tumor; which was painful however on pressure, or when the wrist was moved. On leaving the bath he felt slight pain in the right ancle, which has not, however, since returned.

A few days subsequently the perception of pain, a few fingers breadth above the right knee, led to the discovery in that situation of a tumor, which presented the characters just mentioned, viz: hardness, mobility, sensibility on pressure, &c., this tumor, however, disappeared in a few days, and was replaced by another similar one occupying the anterior and middle part of the left thigh.

Almost at the same period, *i. e.* towards the end of

July, the tumor in the sterno-clavicular region, became painful, increased greatly in size, the skin covering it became red and thin, and fluctuation was obvious, when he entered the hospital on the 12th of August. Potassa fusa cum calce was applied to it, and on the fourth day a wine glass full of pus resembling curdled milk was discharged. At this period the nature of the disease was recognised, and the patient was carefully watched. Little alteration occurred in his condition up to the 15th of September, at which period the preceding account was obtained from him. From that date his physiognomy assumed a peculiar aspect—the face appeared elongated—the skin was yellow—he was somewhat emaciated—the conjunctivæ were discoloured—the eyes were restless, but shared in the mournful expression common to the whole countenance—he expressed himself clearly, but slowly, and in an undertone, and the muscles felt flaccid. He stated that he had lost a third part of his bulk. He complained of headache, especially in the forehead, with a sensation of heaviness in the same situation; he often suffered from giddiness, and complained of great general debility. He has no pain in the limbs, except at the posterior part of the right shoulder, at which situation there is pain, increased at night, and during motion of the limb. He sleeps well, and all the senses are intact. He has not had epistaxis, the sense of smell is unimpaired, and there is no coryza. The sense of taste is also perfect, the condition of the tongue is also natural, sometimes there is thirst, but most frequently none. His appetite is sharp, and his rations are often insufficient to satisfy it. He sometimes suffers from nausea, but the diarrhœa has ceased, and the abdomen is soft and not painful. The thorax does not appear to be affected, but yet, in no situation is respiration perfectly natural; it is generally harsh, and inspiration is louder and more prolonged than natural. The heart appears healthy—pulse 100—strong, but compressible—the skin is hot—dry, but sometimes covered with perspiration—from time to time there are slight irregular rigors—urine abundant.

On the different parts of the surface there exist tumours which have been developed in the same way as those already described. The wound on the sternal region is fistulous, its diameter equals that of a shilling, its edges are detached, and of a livid colour to the extent of a crown piece; its bottom is ash coloured, and it yields an abundant discharge of tenacious, stringy, greyish coloured pus; the vicinity of the ulcer is painful on pressure; the bone is not denuded.

The tumors on the right fore-arm and left thigh are ovoid, the size of a small hen-egg, painful on pressure, obscurely fluctuating, and do not present any discolouration of the skin.

17th September.—M. Berard punctured the tumor on the fore-arm, and a quantity of well-concocted but tenacious greyish-yellow inodorous pus found exit.—A horse was inoculated with this pus, but the animal being old and infirm died without presenting any symptoms of infection.

Up to the 17th October the patient presented various symptoms. As rigors, sometimes slight, sometimes severe, and some accessions of fever, which were combated with sulphate of quinine. He was informed that the groom who had succeeded him was seriously ill, and *thoroughly rotten*, and that the proprietors of the stables were so alarmed that they caused fifteen horses to be destroyed at once: this account was contradicted the next day.

24th September.—After an accession of fever which lasted six hours, he experienced dull pains in the calf of the right leg, in which situation there was next day discovered a hard and very painful tumor. Perspirations then set in, the appetite was lost, the debility increased, and he only left his bed to go to stool. The alvine discharges were watery. The mouth was foul, but there was no thirst.

4th October.—The accessions of fever have ceased, and been replaced by an intermittent irregular sensation of cold occupying the entire region of the spine, and which is not dissipated even in a hot bath much warmer than usual. There was almost incessant nausea, which Seltzer water allayed, and the patient complained of a sensation as though something was arrested in the upper part of the œsophagus. Pains now appeared along the inner surface of the left tibia, and a slight redness at the upper part of the same region was followed in two days by the appearance of two small red painful cords, which followed the track of the saphena vein to the middle of the thigh; these cords were not indurated, and lost their red colour in a few days.

The patient now became very desponding; his physiognomy was depressed, and he frequently concealed himself under the bed-clothes and wept.

9th October.—He felt himself better save that he suffered acute pains in the left knee, and that there was slight tumefaction of the leg; his sleep was improved.

About the 16th there supervened pain at the upper and inner part of the right knee, and a small hard painful tumour surmounted by an oval rose-coloured patch, appeared in the same situation. The sensation of cold alternately disappeared and returned.—Pains, with slight tumefaction of the periosteum reappeared in the left leg, at the point where it had been formerly contused. His sleep became bad and disturbed by dreams relating to his habitual occupations, and his employment about the glandered horses. Wine and pills of lactate of iron, which he has used for some time, seem to produce no influence on the malady.

17th.—On suddenly awakening from one of his distressing dreams, he felt pain in the left cheek; the sensation was such that he felt whether there was not a pin in the pillow which had pricked him; in the morning the cheek was red and the seat of a pulsating pain.

Between 8 and 9 in the morning he had chills, followed by heat, which lasted four hours.

The next day passed without the return of any febrile access; but the cheek was more tense, redder, and more painful.

19th.—The inflammation, which is a kind of œdematous erysipelas, of a dark livid colour, has spread to the eyelids (the eye, however, remaining healthy and visible), extending above to the eye-brow, below to the middle of the cheek, internally to the nose, and externally to the ear. Two greyish black spots have formed on the cheek, which are studded with fifteen or twenty bluish yellow pustules, similar in size and shape to millet seed.

There is some difficulty in opening the mouth; the tongue is of a vivid red colour and dry; there is no thirst; appetite gone. There is no nausea, the diarhœa continues (three stools daily); skin hot and dry; pulse hard, dicrotous 78–80; slight head-ache; the patient is very anxious and depressed, and remarked despondingly that his hair had turned grey during his illness.

The night of the 20th he had no sleep; there is heaviness and debility of the limbs. The tumefaction has augmented, especially towards the forehead; but he can still separate the eyelids. The two livid spots have run into one; the pustules have shrunk and assumed an irregular shape, and their base has become blackish. On detaching the epidermis a reddish sanguineous serum exudes, and the dermis appears black

and sloughy. Some smaller similar spots, with a sero-sanguineous bulla have formed in the vicinity.

21st.—The entire base of the nose is swollen, red, and shining; there is slight snuffling, though the patient does not experience any obstruction of the nares. The tongue is red and clean anteriorly; sleep improved; but the sensation of cold between the shoulders and along the spine has returned. The joints and limbs are painful, so that he lies motionless on his back.

23d.—The pains are more acute, especially in the various tumors. He can scarcely move; there is a continual convulsive motion of the lower jaw.—The nose is of a pale red, but the erysipelas has extended to the right cheek. There is a flow of tears from the external angles of the eyes. A small red, hard, painful tumour has formed on the dorsum of the left hand.

24th.—Since yesterday evening the respiration has been laboured and rattling; there has been incessant raving, and the fœces have been passed involuntarily. The erysipelatous swelling has extended towards the forehead, where the skin is tense, shining, and of a livid red colour. On the left temple two violet-coloured spots have appeared, and a black slough has formed at the inner part of the left upper eyelid.—The patient answers questions correctly, but his voice is hoarse. The mouth is filled with viscid saliva, and deglutition is difficult. There are occasional eructations and efforts at vomiting, and a short, hard, apparently painful cough; tongue dry; skin burning, dry; pulse small, hard, 130.

25th.—Was very restless during the night; swelling and redness of the right cheek increased; large violet coloured bullæ have formed beneath the right eye; the redness has diminished on the left side.

Three or four greyish-white globular pustules, from the size of a hemp-seed to that of a pea, and surrounded by a dark red areola, have formed towards the angle of the right jaw; they contain a soft greyish white matter, which resembles pus or concrete albumen. About a dozen similar pustules are scattered over the surface of the body. In the evening he died; no mucous discharge occurred from the nostrils.

The *post-mortem* examination was performed on the 27th, 12 hours after death, in the presence of MM. Rayer, Bricheteau, Trousseau, Briquet, &c.

The body presented no trace of decomposition.

On the surface of the trunk and extremities there were scattered about 20 flat, reddish, imperfectly developed pustules. The integuments of the face were free from tumefaction or discoloration, save at the ulcerated points, which were blackish.

The membranes of the brain, and the brain itself, presented a perfectly natural appearance.

Nasal Fossæ.—On the right side the mucous membrane of the septum was covered superiorly with small funguses and ulcerations, simular to those which will be described as occupying the mucous membrane of the spungy bones and meati. The mucous membrane covering the superior spongy bone was healthy, except posteriorly where it presented a fungous aspect, and three or four greyish rounded pustules, as large as a grain of millet seed. The middle spongy bone presented at its central part a red irregularly circular fungous projection, and the mucous surface was covered with small ulcers with oblique sinuous edges, and of a bright red colour when the ash coloured mucus which covered them was removed. These ulcers which were at the utmost as large as the head of an ordinary pin were intermixed with the greyish, miliary, globular pustules already mentioned. Similar appearances were observed on the mucus membrane of the inferior spongy bone, and throughout the residue of the right nasal fossa and of the left nasal fossa generally.

No morbid appearance existed on the velum; the left tonsil presented a few small ulcers.

An arborescent redness was observed on the posterior surface of the epiglottis. The mucous membrane covering the inferior chordæ vocales seemed to be destroyed, and their yellow ligamentous structure was exposed. The aryteno-epiglottidean ligaments were remarkably infiltrated with a gelatinous material. There was no other alteration in the larynx, trachea, pharynx, or œsophagus. The submaxillary glands were healthy.

The heart and great vessels were natural.

The left lung was merely congested. The entire inferior lobe of the right lung was hard and hepatised, the parietal pleura was thickened inferiorly, and an abscess existed, apparen ly developed in the thickness of the pleural false membrane.

The liver was hypertrophied, and very voluminous. The spleen was firm, resisting, friable, and at least double its natural size.

The intestines were unaltered. A very fœtid greenish, puriform matter coated their mucous surface.

Numerous abscesses occupied most of the muscles; they contained a concrete greyish pus of the consistence of cheese; each abscess was separated from the neighbouring parts by a very fine cyst. The wrists were the only joints that were opened and they were healthy.

M. Rocher, one of the reporters of the preceding case, has unfortunately fallen a victim to the same terrible malady, which he contracted during his attendance on the patient whose abscesses he dressed. The first symptoms of his illness appeared between the 23d and 27th October, at which period he experienced general uneasiness, headache, colic, his temper became soured, and he expressed his apprehensions to several of his friends that he had been infected during his attendance on his patient.

On the 27th October, when the autopsy was performed, M. Rocher took a very active part in the examination, and his hands were bathed during a considerable period in the liquids of the visceral cavities, the cutaneous surface, however, being perfectly unbroken. In the course of the same day the general uneasiness, augmented rigors, and accessions of fever set in. The febrile attacks augmented in severity, and were soon followed by abscesses in the muscles, a sanious sero-purulent discharge from the nostrils soon made its appearance, which perfectly resembled that which occurs in glandered horses; and finally, he expired on the 13th November.

Thus M. Rocher contracted glanders in attending on a patient labouring under that affection, without there being any direct inoculation of any virus. During two months he assiduously watched the patient, and spent at least half an hour, daily, at his bed side. The absence of any local symptom shews that the glanders supervened on a general infection of the system.—*Gazette des Hopitaux.*

[M. Berard in a note to the report of the foregoing cases, states that the infection of M. Rocher is a fact of immense importance, as proving that acute glanders may be transmitted from one individual of the human species to another, a circumstance which, though regarded as probable, has yet, he says, not been hitherto observed. The space which we have allotted to the publication of M. Berard's cases sufficiently shews that we fully appreciate their importance, but the transmissibility of glanders from man to man, is a fact already known to English physicians.—*See Lancet*, 11*th February*, 1832; *Williams on Morbid Poisons*, *v.* 2., *p.* 372.—Ed. M. P.]

EXTRACTS FROM PERIODICALS.

CASE OF FRACTURE OF THE TIBIA, WITH AVULSION OF THE INTERNAL MALLEOLUS, AND PENETRATING WOUND OF THE ANKLE-JOINT; CONSECUTIVE ABCESSES, NECROSIS OF THE TIBIA, AND RESECTION OF ITS INFERIOR EXTREMITY—RECOVERY. BY M. CASTELLA.

C. H. J. St. Croix, aged 42, was thrown down on the 22d May, 1840, under a baggage waggon. The right foot was turned forcibly outwards, the internal malleolus was torn from its attachment, and the inferior extremity of the tibia protruded through the skin to a considerable extent.

Considerable inflammation followed the injury, abscesses formed behind the tibia, and amputation being deemed necessary, the patient was conveyed to the hospital at Pourtales, on the 27th of May.

The right foot was found to be very much everted —the fibula was fractured three inches above the external malleolus, which was flattened and crepitated on pressure—and above which the fibula presented a reentrant obtuse angle. Internally the inferior extremity of the tibia, black and denuded, projected to the extent of two inches, and the internal malleolus was torn off at the level of the articular surface of the tibia. Several fistulous openings existed at the posterior border of the tibia, and yielded a fetid sanious discharge. The foot was œdematous; there was considerable fever, and the patient was very much debilitated.

June 2d—Before resorting to amputation, it was determined to resect a portion of the necrosed tibia, to replace the foot in its natural position, and to retain it in situ by means of Dupuytren's apparatus, for fracture of the fibula.

With this view, an incision was made anteriorly and posteriorly to the tibia, and a slip of lead passed round the external surface of the bone, as high up as possible, to protect the soft parts, and especially the vessels; the bone was then sawed across, and 21 lines of its inferior extremity removed.

The foot was now easily drawn inwards, and kept in position, with Dupuytren's bandage; the depression of the fibula disappeared; and the leg being semiflexed, was placed on its outer surface.

Phlegmonous inflammation followed the operation, requiring several incisions which gave issue to sloughy cellular tissue; but at length granulations covered the inferior extremity of the tibia; the medullary membrane became rapidly developed, and in proportion as the vacant space between the tibia, fibula, and astragulus became filled with granulations, the heel which had been drawn forcibly upwards by the action of the gastrocnemii and solei muscles resumed its situation, and the foot ceased to be extended on the leg.

At the expiration of two months the fibula was consolidated, and presented a symmetrical outline; and after a few months, the wound was completely consolidated. The foot had acquired some small degree of motion, and the space resulting from the resection of the tibia had disappeared, and was filled by a solid bony substance. In October the patient began to walk on crutches; and on the 11th October he left the hospital, being able to walk with the aid of a stick.

CASE OF A BODKIN INTRODUCED INTO THE URINARY BLADDER IN A FEMALE, AND EXTRACTED BY MEANS OF THE LITHOTRITE. (BRISE-PIERRE, A PERCUSSION.) BY M. A. BOUCHACOURT.

On the 9th of last April a young female consulted me, and after much hesitation avowed that she had, that morning, introduced an iron bodkin into her genital organs. She had been for some years addicted to the destructive habit of masturbation, and had at length resorted to use of the metallic instruments; on the present occasion an iron bodkin had been employed, and accidentally slipped into the bladder. She suffered most acute pain, and anxiously intreated that the foreign body should be extracted. An examination of the external parts of generation, of the vagina, and of the urethra failed to detect any foreign body in those situations, but on sounding the bladder, a hard body was felt, which yielded on percussion by the sound, a metallic resonance, and it was thence evident that the bodkin had entered the bladder.

Reckoning on the dilatability of the female urethra I hoped to seize and extract the bodkin with a common forceps, but on closing the forceps, I could not avoid including a portion of the mucous membrane of the bladder, and after reiterated trials, I was compelled to abandon the attempt.

I then determined to employ M. Heurteloup's lithotrite, which I introduced, though a considerable quantity of urine had escaped during the preceding manœuvres. The instrument came in contact with the bodkin, and its beak being turned inferiorly, I opened it and endeavoured to seize the foreign body, but in vain. I then opened it before it was completely turned, and directing the opening of the branches downwards, succeeded in seizing the bodkin. It now only remained to extract the foreign body; I had determined to use if necessary, considerable violence, and if necessary, to make an incision to facilitate its extraction; but by diminishing the traction, the extraction was more readily effected, and in a short time the bodkin was withdrawn, to the great satisfaction of myself and my patient.

During all these manœuvres, which lasted 25 minutes, but a few drops of blood escaped. I did not see the patient again, but understand that she sustained no further inconvenience.—*Gaz. Medicale.*

ON THE USE OF ALUM IN THE TREATMENT OF STRICTURE OF THE URETHRA. BY M. JOBERT.

M. Jobert regards alum as possessing considerable advantages over the other means usually employed in the treatment of stricture of the urethra; it not only shortens the duration of the treatment by permitting the prompter use of larger bougies; but it also exerts an advantageous local tonic action on the tissues, without causing sloughs and cicatrices like nitrate of silver and other causties.

The method of applying alum in stricture of the urethra, is as follows:—

A bougie is selected, the fier at the extremity, the narrower the stricture. By placing its extremity for a moment in a candle, the was is so far softened, that on immersing the instrument in pulverised alum, it adheres to the entire heated surface; the point is then rounded off between the fingers, so as to communicate to it a suitable shape. The bougie when thus armed, is passed into the stricture and left there for 20 minutes or an hour, according to the period of the treatment, the sensibility of the patient, &c. After a few minutes, a slight smarting is felt, but no other apparent effect is perceived. On withdrawing the bougie, a few drops of whitish mucus escape, which M. Jobert considers as tending to liberate the canal of the urethra. Not unfrequently on the day following the application, bougies of a considerable size can be passed into the bladder.

M. Jobert also uses large bougies armed with alum, in the treatment of stricture of the urethra.

INJECTION OF TARTAR EMETIC INTO THE VEINS. BY M. BALBACH.

In July 1838, a man aged 37, applied to M. Balbach in consequence of a morsel of meat having become impacted in his œsophagus. M. Balbach having ascertained that the substance was too deeply situated to admit of an attempt at its being extracted, endeavoured several times but in vain to push it into the stomach by means of an œsophagus tube. As the patient was unable to swallow even liquids, M. Balbach resolved to attempt his relief, by exciting vomiting, by means of injecting tartar emetic into the veins. He placed a bandage on the arm, as for venesection; then denuded the median vein, passed a grooved director under it, and incised it to an extent that just allowed of the introduction of a small syringe. The half of a solution of six grains of tartar emetic in one ounce of water, was now thrown into the vein, but as vomiting was not thus excited, the residue of the solution was injected. Two minutes scarcely elapsed after this second injection, when violent vomiting was excited, and caused the expulsion of a tendinous piece of meat, six lines broad, and one inch thick. Relief immediately followed, and the wound healed as quickly as after ordinary venesection.—*Bul. gen. de Therap.*

PECULIAR DISORGANIZATION OF THE FŒTUS IN UTERO.

Doctor Knox of Edinburgh has communicated in a letter to Doctor Lee of London, published in the *Medical Gazette*, the following account of the dissection of the uterus of a cow:—

Previous to opening the uterus, and merely on handling it, the enlarged horn gave the peculiar feeling of a bag containing a large quantity of bones, rolled up, as it were, into an elongated ball, more than twice the size of the closed fist. On being laid open, it was found to contain the entire bones of a fœtal calf, completely separated, that is, perfectly distinct from each other in respect to any anatomical or organic connections: these bones lay *pêle-mêle*, rolled closely up into a ball, quite uninjured, and enveloped every where—that is, generally and individually—by a peculiar, fatty, brain-like substance, in which, therefore, they lay as in a matrix. Besides the bones of the skeleton and teeth, which had not been displaced from their sockets in the jaws, we found the fatty substance, just alluded to, in very considerable quantities: this fatty substance somewhat resembled putrid brain, but was not putrescent; or rather it resembled brain immerced for a certain time in cold water. If it was brain, which I am not disposed to deny or affirm, it could not be recognised as such by simple inspection, for it had lost all traces of organization. In addition to these two substances, we found the cartilages of prolongation, of the ribs: these were disjointed or separated from their connection with the ribs. But, perhaps, the most remarkable circumstance remains to be told: there did not exist a trace of any other organ whatever, no more than if they had never existed; neither lungs, nor heart, nor liver, nor bowels, nor cotyledons or placentæ, or any other structure whatever. The bones were uniformly of a pale yellow colour, and had each a coating of the fatty substance: no unpleasant odour existed; the interior of the uterus seemed to be somewhat more vascular than usual. I have preserved all the structures in case of any inquirer being desirous of obtaining further information regarding them.

My pursuits and inquiries not having of late years been particularly directed in this line, I cannot venture to say in how far cases similar to the above may or may not have occurred in woman. . . . . In the meantime permit me to add that the occurrence is probably not unfrequent in the cow, as may be gathered from the following curious history:—

Mr. B., a small farmer and butcher, informed me that he once purchased a cow under the following singular circumstances;—Mr. N., of Burness, sold a short-horned cow at a public sale, for twenty guineas, to Mr. T., of Crighton; the cow was warranted at the time of sale to be in calf to a particular bull of the same breed. Mr. T kept the cow twelve months in expectation of the calf appearing; but on finding that this event did not take place, he claimed damages from Mr. N. for the high price of the original purchase of the cow, &c., on the ground of her not having corresponded to the warrantage, and he gained his action with all expenses. The cow now presumed not to have been with calf at the time of sale, was put on turnips, and fattened for six months, making 18 months in all from the time she was originally supposed to have been in calf. Mr. B, my informant, now purchased the cow for sixteen guineas: on being slaughtered it was found to be extremely fat, producing eleven stone weight of the best tallow; on touching the uterus, Mr. B. was satisfied that both from the size and feeling it contained something unusual, and on opening he found within it the entire bones of a calf, disarticulated, perfectly white, and rolled up in a mass: in addition to the bones, there was about half a pound of a viscous, inodorous liquid, and nothing besides of any other texture was found in the uterus.

In conclusion, the matter came to be talked of, and Mr. N's., friends employed an agent to inspect the bones of the fœtus found in the uterus by Mr. B. On this foundation an action was raised by him against Mr. T. for restitution of the former damages and expenses, it being now certain that the cow had actually been with calf at the time of the original sale, and this was of course sustained and given in his favour, the facts of the case admitting not of any doubt.

[We once had an opportunity of examining the uterus of a rabbit, which presented appearances precisely similar to those above detailed. The rabbit was a wild one, and had been shot.—Ed. M. P.]

RESTORATION OF THE LOWER EYELID. BY M. ANSIAUX.

A man lost his right lower eyelid, in consequence of dartrous ulceration, which had extended to a considerable portion of the jaw, and left a cicatrix behind it. The conjunctiva still existed, but was granular, and drawn below the inferior brim of the orbit, to which it adhered. The eye was but imperfectly covered by the upper eyelid, which being unable to extend beyond its natural limits, had become affected with ectropion in consequence of the efforts of the patient to defend the organ from the influence of air and light: there was a continual epiphora. The granular state of the conjunctiva having been removed by the application of sulphate of copper and nitrate of silver, the following operation was performed:—

M. Ansiaux traced two right lines, commencing at the external angles of the eye, and joining on the jaw at about the level of the canine fossa; he drew a third line from the external angle of the eye, horizontally towards the temple, and equal in length to the space comprised between the two angles of the eye. From the external extremity of the last line, he drew a fourth, parallel to that running from the external angle towards the canine fossa. A quadrilateral flap was thus traced, destined to replace the destroyed eye-lid, which flap was dissected until it was only adherent inferiorly; some arteries were twisted. The triangular space included between the angles of the

eye and the canine fossa was now dissected, commencing at its inferior angle; and thus was exposed the conjunctiva, the intimate adherence of which to the subjacent parts (amongst which was the tarsal cartilage, which was preserved, though considerably damaged) rendered the dissection long and difficult: the object of this proceeding was to preserve the conjunctiva, the natural protector of the eye, and counterbalance the retractile effect of the flap, whose borders would have a natural tendency to become inverted at the inner side; the conjunctiva and tarsal cartilage becoming adherent to the flap, would counteract this effect, by their tendency in the contrary direction.

This dissection terminated, the conjunctiva of the eyelid was raised to its proper position; and there then remained beneath it a denuded surface, which was covered with the flap that had been dissected more externally, which was so applied that its superior extremity corresponded to the border of the inferior eyelid; it was then secured with points of suture applied to the number of 22, at the internal and external angles, and along its superior and internal borders.

The space towards the temple whence the flap had been detached now remained, but its extent was considerably diminished by approximating its borders by points of suture placed at its angles. Compresses moistened with cold water, and frequently renewed, were applied on the parts.

After the lapse of six hours, the flap commenced to assume a blueish tinge, and became tense and swollen. Ten leeches were applied to it, and six hours subsequently numerous scarifications were practised on it, which yielded a considerable quantity of blood. The tension of the flap diminished, and its colour became less deep. The next day its condition was the same as it had been the day before, and leeches were again applied and the scarifications practised anew. Third day, the flap looked better, was of a bright red colour, and was again scarified. Fourth day, the condition of the parts was most satisfactory. All the sutures were removed, except that at the external angle.—The application of cold water was continued some days longer, and the tumefaction soon subsided.—Twelfth day—Erysipelas commenced in the left upper eyelid, extended to the entire jaw, and to the right side, implicating the flap, which became slightly swollen (aromatic compresses; purgatives). The erysipelas soon yielded, and the cure was complete; the photophobia completely disappearing, and there being only slight epiphora when the weather was very cold. M. Ansiaux attributes the efficacy of local blood-letting to the blood entering the flap more easily than it leaves it. This practice should be persevered in, so long as the flap presents a blueish tinge.—*Annales de la Societe de Med. de Gand.*

REMARKABLE CASE OF A FŒTUS INCLUDED WITHIN A FŒTUS. BY DR. SCHOENFELD.

A woman, aged 28, had eight natural pregnancies; during the 9th she was affected with excessive œdema of the lower extremities, which extended even to the epigastrium; her labour was slow. The child had a very bulky abdomen, and died two hours after birth apparently asphyxiated.

On dissection, a kind of cylindrical cord was found running beside the umbilical vein, from the navel to the liver. This cord, fibrous in appearance, was enveloped in a delicate cellular sheath; was composed of a single vein and a single artery, and entered the substance of the liver through a tolerably large infundibuliform opening; almost the entire left side of the abdomen was occupied by a cyst, full of reddish watery fluid, in the midst of which was an embryo about 16 centimetres in length (the fœtus in which it was included was 57 centimetres long). The thorax and abdomen of the embryo were open in the mesial line; the head was affected with encephalocele, and the extremities were merely rudimentary. The embryo was attached to the liver by its cord, which traversed that organ at its inferior surface, and was continuous with the umbilical cord of the child; there was no trace of placenta in the envelopes of the included embryo. Its thoracic and abdominal organs were but little developed, and formed an inextricable mass; the lungs, however, could be clearly distinguished, and had the form of two lobes the size of almonds; these lobes were rose-coloured, filled with a transparent liquid, adhered strongly together, presented in the middle line a groove, a notch below, and above, a single membranous prolongation, indicating the trachea, and filled with the same liquid as the lungs. The heart was also distinguishable in the confused mass, and was much more developed than the other viscera; a fibrinous layer covered the carneæ columnæ. Two probes introduced into the umbilical artery and vein met about the centre of the mass. The mother had sustained a severe fright during gestation.

M. Schoenfeld regards this as a case of *ovulum in ovo*, or of double conception; because of the anastomosis of the two cords, and of the single placenta for the two fœtuses.

DISARTICULATION OF THE SHOULDER, WITH REMOVAL OF THE SCAPULA AND PART OF THE CLAVICLE, AND EXTIRPATION OF ONE TESTICLE. BY GAETANI BEY.

On the 31st of December, 1830, a child, aged, 14 years, was taken to the hospital at Cairo, having received some severe wounds in the left shoulder and scrotum. He had been employed in a cannon foundry, and was standing by a furnace when they were putting into it for re-founding, an old piece of artillery loaded with powder only, but in which there had collected during the time it had lain by, pieces of stone, and brick, and earth. The discharge took place immediately, and struck the child in several places, but especially in the left arm and shoulder, of which the soft parts and bones were torn in the most frightful manner: other pieces hit the scrotum, and divided the spermatic cord of the same side. In this state of things my first care was to expose the upper part of the spermatic cord, and tie the spermatic artery, and then I removed the testicle, extracted some foreign bodies, and after having taken away the bruised flesh that formed the edges of the wound, united them with adhesive plaister and a few sutures. This done, I examined the state of the arm, which I found comminutely fractured at its upper end, with the soft parts lacerated, and, as it were, mashed.—The only resource being the removal of the limb, I accomplished this easily without sparing the bruised integuments, and preserving only a flap which I fortunately found intact at the inner side, and which I kept to cover the glenoid cavity. But I was forced to give up this plan, on discovering that the scapula was broken into several pieces, of which some were entirely isolated. The serious consequences that would result from so terrible an injury, if left to itself, and the insufficiency of integuments to cover the wound, determined me to go on, and to remove with the arm the scapula, and the muscle adhering to it. I therefore first separated the clavicle from the acromion, and then carefully dissected off the skin, which still covered a part of the inferior angle of the scapula.—The scapula being removed, it remained to cut off the acromial end of the clavicle, so as to get rid of the inconvenient prominence which it would have formed.

A compress being placed under the clavicle served to guard the subclavian vessels and the nerves of the brachial plexus from the saw. When all was done the edges of the great wound were irregular and bruised; and it became necessary to cut them off with the scissars, so as to make their irregularities, as nearly as possible, correspond, and to remove such portions as would not have united. Their contact was at last secured by sutures and bandages.

The traumatic fever was slight. The only ill event that happened during the progress of the cure was a gangrenous state of the skin of the scrotum. The wound at the shoulder was, for the most part, united on the fourth day, though the flaps did not completely cover it. On the 24th of February the union of both the wounds was perfected.—*Annali Univ. di Medicina*, Marzo, 1841.

REMARKABLE CASES OF PARALYSIS.

In the *Memoriale della Medicina Contemporanea*, for February, there are described two unusual varieties of this disease. In one, which Signor Gaddi calls *alternating*, the paralysis occupied only very limited surfaces on the right side of the body, which were separated from one another by portions of skin possessing their normal sensibility. Thus there was scarcely any sensibility on the face and cranium, and none at all on the back of the neck and the right shoulder; but it was perfect from the posterior edge of the sterno mastoid behind to the median line before. There was also complete insensibility at the axilla and on the deltoid, but it ceased at the inferior edge of the muscle; and there was full sensibility from this part to within an inch of the radio-carpal articulation, below which again all was senseless. The whole right side of the trunk was insensible to the groin; but there was no such affection of the lower extremity. This paralysis occurred in a girl seventeen years old, in consequence of suppressed menstruation, and at the time of writing had resisted all treatment.

The second case, S. Fario, was that of a young man who had been affected a long time with amaurosis, strabismus of the right eye, and obstinate constipation. His physician wishing to examine the abdomen was surprised to find that its skin was completely insensible, though there was no other sign of paralysis. By running a pin into them, it was found that the subjacent muscles were also void of sensation. Leeches were frequently applied over the vertebral column, and irritating pediluvia and purgatives employed: but they produced only a slow amendment; and strychnia was then given, and its dose gradually increased to a grain and a half per day. Convulsions appearing, its use was discontinued, and nothing was employed except mercurial frictions on the lower part of the spine and round the orbit. Under the influence of this treatment the anæsthesia disappeared, and with it the amaurosis and the constipation—diseases which probably all depended on the same cause. —*Gazette Médicale*, Juillet 10, 1841, and *London Medical Gazette*.

INTUSSUSCEPTION AND SEPARATION OF A PART OF THE ILEUM. BY DR. FORCKE, OF GOSLAR.

A mechanic, forty-nine years old, had been in the campaigns of 1812-13-15, and from that time had very often suffered from colic and other signs of abdominal disorder. In March, 1838, when first seen, he had not left his bed for five months; he was excessively emaciated, pale, and broken down by irritative fever; during all this time also he had suffered from costiveness, gripes, and vomiting. On examining the abdomen a large, long, hard, and sensitive tumour was felt on the right side, which occupied the usual position of the cæcum and ascending colon.—Various antispasmodic means produced but little effect on the symptoms from which he suffered. The only ease he received was derived from his bowels being opened, and from the use of enemata containing opium. The pains in the tumour and in the abdomen rising to a fearful height, the patient was ordered calomel and opium, and emollient poultices over the whole abdomen. These diminished the pain, and produced free evacuations, rest, and sleep, but the tumour remained unaltered. On the 7th of April a severe hemorrhage from the intestines occurred, and was followed by the discharge of pus, which however ceased when the patient took large quantities of lime-water.

On the 28th of April the patient had an enormous discharge from the intestines, which made him feel as if something had been torn out of his abdomen, and induced him to examine the evacuation. He found therein in the midst of fœces and blood, a portion of ileum which measured two feet nine inches and a half along its convex border; it was dark and livid, but had a firm texture, and was still connected with a portion of mesentery. Its discharge was followed by a slight hæmorrhage and a considerable secretion of pus, which, however, again ceased, after using lime-water. The patient was almost speechless with exhaustion, but the pain and the tumour had nearly disappeared. Tonics were administered, the fever diminished, and the strength rapidly increased. In the following October he had regained all his former strength, and was hale and hearty, except that, on severe bodily exertion, the sensation of tension around the umbilicus, and of dragging of the stomach, would still return.—*Hannoversche Annalen.* Bd. iii. Hft. iv., and *B. and F. Med. Rev.*

ANEURISM OF THE CAROTID ARTERY MISTAKEN FOR ABSCESS—INCISION OF THE TUMOR—DEATH OF THE PATIENT.

The following case is reported in the *Provincial Medical Journal.*

"A boy, 9 years of age, was admitted into University College Hospital, on the 20th of October, 1841. The patient had been sent to the hospital by a general practitioner, who considered that he laboured under aneurism of the carotid artery. On his arrival at the hospital, which took place some time previously to Mr. Liston's hour of visit, he was carefully examined by several of the students, and by Mr. Liston's house-surgeon, who thought that they detected evident pulsation in the tumor, and an aneurismal bruit on applying the stethoscope.

"On the right side of the neck was a large tumor, extending along the course of the carotid artery, from the angle of the jaw to within an inch of the clavicle. The tumor projected into the mouth, and, from its pressure on the neighbouring parts, seemed to occasion considerable dyspnœa, and a peculiar change in the patient's voice; the boy said that the tumor had existed for about two months, and came on after a severe attack of fever.

"On Mr. Liston's arrival in the ward, the little patient was immediately introduced to his notice; and the pupils, in whom the case had excited considerable interest, crowded round their teacher. The house-surgeon (if we are rightly informed, and we state the fact on no light authority) now handed to Mr. Liston an exploring needle, and informed him that an aneurismal bruit had been detected; Mr. Liston, however, rejected the proffered needle, saying, 'who ever heard of an aneurism in a child nine years old?' and in his usual off-hand manner, plunged an abscess lancet into the tumor. A violent gush of arterial blood imme-

diately followed, covering the face and hands of the operator; the patient fainted away at once from the loss of blood; notwithstanding the syncope, the hæmorrhage continued, and Mr. Liston immediately closed the wound with a couple of harelip pins and ligature, observing, 'that it was a cure for the present.' The boy was then conveyed to bed.

"October 21st—Mr. Liston proceeded to tie the common carotid artery to-day; before doing so, he addressed to the students some observations, which we extract from a contemporary journal:—

"'Mr. Liston remarked, that the case was one of great difficulty. He detailed as much of the history as is above related, and stated, in addition, that though the tumor had some of the symptoms of aneurism, yet there were many circumstances which induced him, when he first examined it, to believe it was merely abscess. The patient was so young, that he believed no one could say that they had seen a case of idiopathic aneurism in a person of that age. The shape of the tumor was unlike that of aneurism, and had more the appearance of an abscess; pulsation was only to be felt immediately over the carotid, which might be the case in any tumor situated over an artery. On grasping the sides of the swelling, and within the mouth, no pulsation was to be felt.—These considerations induced him to believe that it was an abscess, and he still considered the tumor was not a case of common idiopathic aneurism. He thought that after the fever from which the boy had suffered, matter had formed deeply at the upper part of the neck, which had gradually encroached upon, and ulcerated into, the carotid, or some of its large branches, and in this way a bloody swelling had been formed. He had seen a similar case in the person of a student of the hospital last year, in whom he had opened a large abscess deeply seated under the large muscles on the front of the thigh; profuse hæmorrhage took place some days afterwards, and recurred to such an alarming extent, that he was obliged to tie the femoral artery. He had since learned that a bruit de soufflè had been heard in the tumour of this boy; had he been aware of this symptom, he would have hesitated to make the opening, which he had done, into it. The tumour was so extensive, that there might be great difficulty in tying the vessel; it was impossible to say how low down it descended in the neck, and how little space there might be to place a ligature round the vessel. He should proceed with great caution, and having made a small incision at the root of the neck, attempt, if it were possible, to tie the carotid low down.'

"Having delivered the preceding observations, Mr. Liston took up the carotid artery close to the clavicle. As may be readily supposed, the operation was rendered very delicate and difficult, not only from the size of the tumor, but from the extravasation of blood which had taken place along the sheath of the vessel, and into the cellular tissue of the surrounding parts: in addition to these unfavourable circumstances, the operator was unable to extend his incision upwards to any length, and was compelled to seek for the artery in a small deep hole at the bottom of the neck, not far from the division of the innominata. The patient bore the operation well, but of his subsequent history we regret to say we can give no account, save that he died of secondary hæmorrhage on Friday, the 5th of November: the patient was placed in a *private* ward, to which the pupils of the hospital were denied access.

"On examination of the body after death, it was found that the ligature had been placed about a quarter of an inch from the division of the innominata.—The tumor, it is said, was an aneurismal one, but, on the other hand, we have heard that Mr. Liston denies it to be a true aneurismal sac."

REVIEWS AND NOTICES OF BOOKS.

BIBLIOTHEK FOR LAEGER; "The Medical Man's Library," a Danish Medical Journal—edited by Dr. Otto, Professor in the University of Copenhagen.—January–June, 1841.

This journal, which is published monthly, contains, in these six numbers, the following *original articles:*

1. *On the Ranula, and its accordance with other accumulations of the saliva*, with *some remarks* on *sialoms in general*—by Dr. Bendz.

2. *On the application of a bandage for drawing down the testicles into the scrotum* (with a plate)—by Dr. Svitzer.

3. *Some remarks on the animalcula spermatica* (with a plate)—by Dr. Svitzer.

4. *A case, illustrative of the pathology of the brain*—by M. Drachmann.

5. *A case of fistula vesico-vaginalis, cured by cauterisation with the nitrate of silver*—by M. Torgensen.

6. *Cases illustrative of the pathology of the pancreas*—by Dr. Bang.

7. *On water entering the ear during a bath*—by M. Schytz.

8. *Some remarks on Kelodes Genuina Alibert*—by Dr. Bendz.

9. *On some species of the cod-liver oil*—by Doctor Mansa.

10. *On the manner of curing contractions of the œsophagus*—by Dr. Svitzer.

11. *Medical cases*—by M. Rohde.

12. *Cases*—by M. Moller.

13. *The clinical school of midwifery at Heidelberg*—by M. Lehmann.

14. *Report on the hospital at Præste* (in Denmark)—by Dr. Guldberg.

15. *Report on the orthopedic institution at Copenhagen*—by Dr. Mansa.

We shall only mention some of these original communications. In the first, on Ranula, the author, Dr. Bendz, proves that this tumour does not, according to the common opinion, depend on a dilatation of the canalis Whartonianus, but that it has its seat in the glandula sublingualis, arising from a rupture of some of the excretory vessels, through which the saliva passes, and forms a preternatural cavity, which gradually dilates the whole gland or a part of it. The proofs of this view of ranula are—1. The complete cure of ranula by caustics, which destroy the sac and shut up the cavity by granulation, without any harm to the function of the Whartonian duct. 2. The fact that the ranula often in a very short time attains to a considerable size, sometimes is situated very deep, and endowed with thicker walls than would be the case if the Whartonian duct was the diseased part. 3. The circumstance that the ranula never produces swelling or inflammation of the submaxillary gland, which certainly would happen if the dilated Whartonian duct was the cause of the affection. The author's opinion is likewise supported by the likeness of the ranula to the other swellings, which have their seats in the salival glands themselves, and not in their excretory ducts, as for instance the swellings on the inner side of the lips. He comprises all these tumors under the denomination of *Sialoms*—that is, more or less large tumours within or without the cavity of the mouth, formed by saliva retained, whether inclosed by an abnormal sac in the salival gland, or extravasated into the cellular tissue surrounding the glands; or, finally, (a very rare case), situated in its excretory duct.—They arise in all places where there are salival glands, consequently in the mouth, on the neck, &c. The saliva is, in all, changed to a caseous, albuminous, clear, or greenish, or blueish mass, and the tumours are either soft and fluctuating, or rather hard without any fluctuation at all, and they may arise in a very

short time, within a couple of hours, with pains, tension, &c., from everything that is able to produce a blocking up of the excretory ducts of the glands, or a rupture of the fine secretory vessels of the glands themselves, as for instance violent screaming in children. The treatment consists mostly in opening them with the knife from the one extremity to the other, in evacuating the contents, and in cauterising the remains of the tumors with the nitrate either of silver or of mercury.

In the case communicated by Dr. Drachmann, the patient died from repeated fits of epilepsy, and after death were found several tumours on the inner part of the meninges, communicating with the cerebral mass, and a very considerable softening of the brain.

The cases illustrative of the pathology of the pancreas, and communicated by Dr. Bang, are ten in number, and prove only that there does not exist any diagnostic sign upon which we can rely, touching a disease of the pancreas.

M. Schytz observes, in his communication, that water may enter the ear during a bath and remain some time there, either on account of a greater convexity than ordinary of the lower wall of the meatus auditorius, or on account of the imbibition of the water by the epidermic scales, separated from the inner skin of the meatus, or, finally, because the water has penetrated into the cavity of the tympanum through the Eustachian tube, when it, during the bath, entered the mouth or the nose. In the two first-mentioned cases the introduction of a silver probe will easily evacuate the water; in the last case the author has cured the patients of the deafness produced by the water, by blowing air into the Eustachian tube.

In the remarks on Kelodes Alibert, Doctor Bendz mentions a case where a keloide—a disease equally rare in Denmark as in other countries—arose behind the left ear in consequence of a blister. The tumour was successfully removed by the knife, but has since returned. The author persuaded himself that the disease consisted in a degeneration of the corium, which was changed to a hard, fibrous, whitish mass.

The cases communicated by M. Rohde, are—1. Inversion of the womb, after parturition, which, having lasted for some days, could not be replaced by art, but afterwards was drawn up by nature; and, 2. A case of ulcers in the nose, which, during five years, returned every spring, and, quite unexpectedly, at last yielded without any relapse to the *muriate of quinine*.

PHYSIOLOGY FOR THE PUBLIC. By G. T. Hayden, M.B., &c. No. I.

We wish with all our hearts that Dr. Hayden could bring that respectable section of the human race, called, by way of pre-eminence, "the public," to study physiology, or anything else, rather than the slang, manners, and topics of the swell-mob, or the cant of the police-office, jail, or mess-room; but we fear that any attempt of the kind is just as likely to succeed at present as one to create or improve a taste for rational pursuits; or any study creditable to refined society. The march of intellect has taken place with a vengeance, and judging from the wares furnished by the worthy purveyors, the booksellers and publishers, the art of printing bids fair to cancel the obligation hitherto due to it by the human race If, indeed, Dr. Hayden got up a monthly issue, in numbers, of a journey to Mullingar, or a voyage to Cork, made attractive by vulgar jargon or blackguard incidents, and illustrated by flat and pointless caricatures, he might secure readers, and gain the patronage of the Osborne's and Curll's of the day; but we doubt very much that he can hope to induce even a small minority, to look into such a work as a treatise on physiology, however attractive from its manner or matter. Nevertheless, let us not deter him from making the experiment. If he puts the wonders of life and organization in a simple form before his readers, we shall entertain hopes. Of all the branches of medical science, physiology is least indebted to the book-makers. They have, with few exceptions, by their ignorance, stupidity, and credulity, rendered a subject eminently interesting, dull and unattractive. They are all naught, from sky-rocket Majendie to egotistical Müller, from "slashing Bentley down to piddling Tibbalds." We repeat it, Dr. Hayden can succeed by simplicity only. Let him eschew the gibberish of the schools, and keep clear of classification manufacturers, and zoological hair-splitters. A man can be told how his food is digested, or his blood circulated, in as plain language as he can be informed of the best way to plant cabbages or dig potatoes.

BOOKS RECEIVED.

Observations on the Analogy between Ophthalmic and other Diseases—being the substance of a paper read at King's College, London. By Charles Vines, M.R.C.S. London, 1841.

Pharmaceutical Transactions—Nos. III., IV., & V.

On the Remote Causes of Epidemic Diseases. By John Parkin. 8vo., pp. 198. London, 1841.

POOR-LAW COMMISSIONERS REPORT ON THE MEDICAL CHARITIES OF IRELAND.

The following portions of a letter addressed to our respected contemporary, the *Leinster Express*, will need no comment. We are not in possession of the name of the writer; but we have some reason to believe, that he will be forthcoming to support his allegations, should they (as they undoubtedly ought) become the subject of a government investigation:—

"Sir—In the recently-published 'Report of the poor-law commissioners on the medical charities of Ireland,' the following statement relative to the Athy Fever Hospital is made at page 144:—

"'The following circumstances were stated at a full and respectable meeting of the subscribers:—'A benevolent gentleman, to whom the grand jury granted £116 for a malicious burning, handed it over to his neighbours as a nucleus to form a fund for building a fever hospital in Athy. Several subscriptions were obtained, and were placed along with that sum in the hands of the treasurer—a most respectable gentleman. A county grant was obtained, and the hospital being nearly ready for the reception of patients, a day for the election of a medical attendant was fixed on. The subscribers were divided with regard to the candidates—some being in favour of the dispensary doctor, whilst others were friendly to a practitioner, who is stated to be far better qualified, and who resides in the town. Each party was determined, if possible, to secure the situation for its own friend. Neither, it would appear, for a moment bestowed a thought on the advantages likely to result from the appointment of two medical officers. On the evening before the election, the treasurer was handed 71 guineas, with a list of 71 names, said to be those of respectable cess-payers, all of whom that gentleman believed to be favourable to the better qualified candidate. The treasurer, very properly, informed the other candidate of this payment, and intimated that he was ready to receive subscriptions from parties favourable to him. When the chair was taken, and it was perceived that the candidate for whom the 71 subscribers were created, was sure to have a majority, the treasurer gave the other candidate 100 blank receipts for one guinea each, which the latter filled with such names as he pleased. As

many of those receipts were sent into the town as were necessary to secure a majority; and parties who had not contributed, and who, in fact, were unable to contribute, being mere paupers, were brought in to vote, and by this means a majority was obtained.

"'It is right to state that the treasurer declared, that in giving these blank receipts to one candidate, he made himself accountable for the amount, and he was ready to give them to the other if required.

"'But, however impartial the conduct of this gentleman may be, the proceeding is totally at variance with the principle on which the legislature intended that the appointments to those institutions should depend, namely, a *bona fide* payment of a certain amount of subscriptions, handed to the treasurer before the chair is taken for making such election. Parliament could not have contemplated that when the subscribers came to vote, and the chair is taken, a candidate shall be enabled to avail himself of the information he may possess, by being present, and in communication with the treasurer, and to obtain from him blank receipts, to be made use of as he pleases.'

"And evidently connected with this part of the report, this other paragraph appears in page 16:—

"'When the hospital is nearly erected, a day is fixed for the election of a medical officer; on the evening previous to which, 71 persons become subscribers, and are known to the treasurer to be favourable to a particular candidate. The treasurer informs an opposing candidate of this circumstance. The subscribers assemble at the hour appointed for the election, and whilst it is being held, the treasurer gives that candidate 100 blank receipts for a guinea each. The candidate fills up as many of these as he knows will be required, inserting the names of poor persons, who come in by his direction to vote, and the election is carried in his favour.

"'By this means party feelings were, in this instance, excited to such a degree, that a traverse to the county grant for the hospital was only prevented by the intervention of the assistant commissioners, by whose advice the defeated candidate was subsequently appointed to act conjointly with the other.'

. . . . . .

"It is not the intention of the writer to impute any corrupt motives to the gentlemen who made the report. In charity, he must suppose that during the meeting alluded to, they were perfectly unconscious of what was passing around them; and that after recovering their sensibility, they imagined only what they reported, and imagined it was true. But, seeing it prudent to go so far as kindly to admit their stupidity, it is impossible not at the same time to remember that they are the paid servants of the public; that they receive enormous salaries for the services they promise to perform, and that the chief and only use of those services is the faithful record of facts. And, further, it is impossible not to remember that this overwhelming expense is incurred at a time of unusual distress and difficulty, when the great bulk of those gentlemen's fellow creatures are suffering every species of privation, and, lastly, what is more marvellous, this expensive inquiry was undertaken, professedly, to relieve and better the condition of the suffering poor!

"Your readers, Sir, may judge how far this last object is likely to be accomplished by the rare *imaginations* of the assistant-commissioners; and the effects that may arise from this report, when they learn that *it is not true* that a 'benevolent gentleman, to whom the grand jury granted £116 for a malicious burning, handed it over to his neighbours as a nucleus to form a fund for building a fever hospital in Athy.' *Nor is it true* that such a statement was made by any party at the 'full and respectable meeting, alluded to. There was not one word about the grand jury granting any compensation for any malicious injury; nor did they, because simply, no such injury occurred. The malice of the fire, and the presentment were altogether a perfect fiction of, of course, those gentlemen's imaginations. The inhabitants of Athy are an industrious, quiet people, little addicted to malicious burnings; and it is not likely they will feel complimented by Mr. Assistant-Commissioner's libel. It might, to be sure, have answered a purpose to show, that *all* the funds of this particular institution came in some way directly from the '*respectable cess-payers*,' which would be the case of a presentment for a malicious injury; but was it right to recklessly sacrifice the character of a respectable neighbourhood?

"The report goes on to state, that 'the subscribers were divided with regard to the candidates (for medical attendance), some being in favour of the dispensary doctor, whilst others were friendly to a practitioner, who is stated to be far better qualified, and who resides in the town.' Now, laying aside any mean artifice in the construction of words, and divesting them of deceit and duplicity, the facts are—the 'dispensary doctor' was almost unanimously chosen by the *qualified* subscribers, being by *far the better qualified* medical attendant; and this may not be understood as taking from the merits of the 'practitioner living in the town': he is a most respectable and praiseworthy gentleman. When the assistant-commissioners considered the addition of 'residing in the town' important for the 'practitioner,' they ought indeed have stated, that the 'dispensary doctor' also resided in the town; aye, in the very centre of it, if that is thought a recommendation: but those gentlemen do not appear yet to have recovered their consciousness.

"We have subsequently *untrue* statements (with the coverslut, *it was stated*, or *it was said*,) of the 71 subscribers *said* to be 'respectable cess-payers,' and 'when the chair was taken, 100 blank receipts were issued to secure a majority of paupers, &c.'; with an enlightened exposition on the law of fever hospitals as a winding up, namely, 'that the legislature intended the appointment to these institutions should be by a *bona fide* payment of a certain amount of subscription, handed to the treasurer before the chair was taken to make such election.'

"Is it necessary, Sir, to inform the public of what is so well known, that there is not one word in any law to the effect above stated; nay, every thing quite to the contrary? It is distinctly stated, in *all* the acts of parliament relating to the subject, that no person shall be qualified to vote at such elections, but subscribers of at least one year's standing. And it was strictly in accordance with this law, that the 'dispensary doctor's' friends protested against the disreputable act of 71 subscriptions being paid, and created for the purpose the evening, or rather the night, before the election, avowedly to swamp the subscribers of upwards of a year's standing. The "dispensary doctor's" friends being invariably the only persons who supported that or any other charity in the neighbourhood, felt, to be sure, not a little indignant, that a medical attendant should be forced on them by voters created for the particular purpose; and when that purpose was effected, the majority of those '71 respectable cess-payers' would be *non est inventus*. Why did the assistant-commissioners forget to state this circumstance in their rare report? it was repeated over and over at their 'full and respectable meeting.' The omission of this important fact, can only be accounted for by the already-made charitable supposition, of Mr. Assistant-Commissioner's entire in-

capacity to hear or see; although we find they heard —of course imagined they heard—what never was spoken; and had seen in an act of parliament—of course imagined they had seen—what never was printed.

"To complete this curious report—for I maintain it is a perfect curiosity—it is stated, "that by the intervention of the assistant-commissioners, the 'practitioner' was subsequently appointed to act with the 'dispensary doctor.'" How honourable and happy is the office of peace-maker! and what extraordinary fishing some men have to show they are worthy of what they *catch!* The intervention of the assistant-commissioners happens to be as much in reality as the other statements of the report. The 'town practitioner' is not, nor never for a moment was, appointed to act with the 'dispensary doctor.' But still those gentlemen did not recover their senses—at least their *true* senses—which must have been lost a long time.

"To be serious, it has been found hard to account for the general hostility of all parties to those poor-law commissioners; but this marvellous unconsciousness of what they are saying or doing, may at last serve as an explanation."

RECOVERY OF MEDICAL FEES.

Doctor Foley processed James M'Grath at the Kilrush Quarter Sessions, during the present month, for the sum of £3 3s. for work and labour done as surgeon. The particulars are the following:—James M'Grath, on his passage from Kilrush to Limerick, had the bones of his hand shattered by the machinery of a steam packet, so that on reaching Limerick, he was immediately obliged to seek for hospital assistance, he was received into the accident ward of a general hospital, and in due time was told that amputation alone could save his life—the point at which the operation should be performed was shewn him (immediately at the wrist). He peremptorily refused to submit; he was, at length, discharged in an apparently dying state, at the request of his friends, that he might be taken home (if possible) alive.

On reaching Kilrush, it was found that he could not be brought any farther with safety. His home was still ten miles distant. Dr. Griffin was asked to see him, he treated him for two or three days, and finding that between sloughing and excessive suppuration the man was sinking fast, he said, that without *a consultation* he would no longer hold the charge of so serious a case—he named some two or three medical gentlemen, amongst whom was Dr. Foley: the patient and his friends at once chose Dr. F., he was was accordingly sent for early on the next day, when Drs. F. and G. determined on immediate amputation, *so high as the insertion of the deltoid muscle*, as the only prospect of saving his life—all below that point being unsound.

The amputation was accordingly performed: his friends being first apprised of the more than possibility that the patient might die before it was completed, such was his exhausted state.

The stump was bandaged in three minutes from the first cut. The man recovered perfectly, paid Dr. Griffin for his attendance, but refused to compensate Dr. Foley, because *he* did not employ him. The process was ably moved by Mr. Cullinan. Dr. Griffin appeared in evidence to prove Dr. Foley's services. On the hearing of the case, Mr. Assistant-barrister Major declared, that "he never knew a fairer or more moderate demand, *it was perfectly clear that Dr. Foley's services were rendered, that the Defendant availed himself of them*, and consequently, he saw no reason why a decree should not be made."—*From our Private Correspondent.*

The decree was instantly granted.

On Monday will be Published,

PLAN of MEDICAL REFORM and REORGANIZATION of the PROFESSION, without subverting the Existing Colleges of Physic and Surgery, addressed to the Right Hon. Sir R. Peel, Bart. By Richard Carmichael, M.R.I.A., President of the Medical Association of Ireland; Corresponding Member of the Royal Academy of Medicine of France, &c.; and Consulting Surgeon of the Richmond, Hardwicke, and Whitworth Hospitals.

"If the united voice of nearly all the individuals who constitute the Medical Profession, may be admitted as a just indication of the necessity for reform, nothing more need be said in proof of the existence of that necessity; for that united voice is already raised in favour of the measu re.'—*T. Kidd, M.D., Regius Professor of Medicine in the University of Oxford.*

Dublin: William Curry, jun. and Co., Sackville-street. Longman, Brown, and Co., London.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 24, 1841.

WHAT MAY BE THE CONSEQUENCES OF DEGRADATION OF THE MEDICAL PROFESSION.

A London police report, in which two "*surgeons*" figure with fair prospects of at least a trip to Australia, calls our attention to that which has frequently been suggested to us by similar circumstances, within the last two or three years. Is it right or safe to entrust the duties which devolve on medical practitioners, to any person who may please to claim to discharge them on the strength of a diploma? Are the opportunities enjoyed by medical men every day and night of their lives, of determining the fate of those under their care, to be afforded without restriction or controul to every class of society? A sheriff's officer who has taken charge of the effects of a tradesman, called in England a "surgeon," for the benefit of some creditor, is enticed to drink, drugged, and tossed into a cab, where he is shortly after found dead. Were the perpetrators of such an act as this, fit persons to be entrusted with people's lives, having every facility afforded of using their own discretion, as to the disposal of them? All rational and honest men will answer no; but then how could any one before hand have anticipated such a result, many will perhaps say. Now, we venture to say, that any man who has considered the subject, might very easily have anticipated such a thing, or even something much worse, considering the disgraceful, the culpable, disregard of all precaution displayed by "our corporations," in the conferring of authorities to practise. A young man knocks at the door of a big house called a College, and informs the presiding functionary, that he wants a diploma or certificate to authorize him to practise some branch of the healing art: what inquiries are made as to his fitness to discharge a duty so responsible? Is he asked whence come you? who reared you? what has been your general education? what your moral training? Not one word of the sort. He is asked one question, and one only, "where's your money?" perhaps, "where are your *certificates*," may be added, and that very day he is dubbed "surgeon;" the worthy dispensers of such medical honours, never having seen his face before, and never wishing or caring to see his face again. Is this an exaggerated picture? we defy any one to say so. It is literally true. And well may they who practise such proceedings, boast of the tens of thousands it brings into their coffers; well may they chuckle at the share of the spoil, which they, as individuals enjoy. But let them look to it. Their

whole power and influence has been put forth to stifle discussion, and prevent inquiry, but they may rely upon it, that exposure ultimately is certain, and punishment inevitable, that is, if contempt and scorn be a punishment to traders so callous. For ourselves we say this much, that regardless of all consequences, we are determined to expose by every means in our power, the infamous practices which render our profession obnoxious to the incursions of such characters, as those to which we allude, and to meet on the very threshold, those who endeavour to intrude themselves amongst us, without fair pretensions and proper character.

Addressing ourselves to our own countrymen, the medical practitioners of Ireland, we ask them whether is ours to be an honourable profession, or a rascally trade? If the former, let them to a man unite to assist in putting a stop to the practices and contrivances now in progress to degrade us as a body, and to deprive us of rank, station, and emolument. Never at any former period was the danger so great, but never at any former period was the prospect of averting it by union and determination better. The very circumstance to which we have just alluded, will contribute to effect the object in view. Neither teacher, nor college, executive, nor legislature, would take any effectual steps to alter the horrid system, by which bodies were obtained for dissection, until the national disgrace of the Edinburgh and London murders was incurred. Let statesmen then consider whether a second disgrace should not be averted or removed by a speedy remedy. Certain are we that the present system is fraught with dangers of the most appalling kind to the community, and that if the indiscriminate admission of mean and uneducated persons into our profession be still permitted, nothing is to be expected but bad consequences, at the bare idea of which we shudder. The state, that is the executive government and legislature, in utter ignorance of the consequences, have done mischief which years cannot correct. They have lowered in public estimation, and consequently diminished in utility, a body which might have been, by a different course, rendered of the greatest benefit to the country. By the reckless and unconstitutional delegation of legislative powers to the Poor-Law Commissioners, they have enabled two or three weak and incompetent persons to degrade a class of public servants, which should, above all others, have been elevated, cherished, and encouraged. Men who should have been strengthened by a high sense of moral feeling, toward the discharge of their duties, have been lowered, even in their own estimation, by insults publicly offered them, in the studied and offensive expression of contempt for their services expressed day after day, by the functionaries to whom we allude.—We shall resume this subject presently, resolved to compel both the members of our profession, and the public to consider whether it is *safe* to permit every man who demands it, to take charge of persons whose lives may depend on the administration or denial of a few drops more or less of a potent drug; resolved to have it determined whether a medical corporation, which grants diplomas to persons, who, for aught they know, can neither read nor write, are to be permitted to persevere in such nefarious practices.

RUMOUR OF A MEDICAL CHARITIES BILL.

We have learned that Mr. Denis Phelan has been boasting among his acquaintance, that he has received a *direct* communication from the Home Office, (from Sir James Graham) directing him (Mr. Denis Phelan) to draw up a Medical Charities Bill, and to include in it provisions for regulating the County Infirmaries of Ireland. We need not say, that at least part of this statement is untrue: no *direct* communication is ever made from a government office to a subordinate officer of any department. Whether there be any truth in the guess of the worthy Assistant Commissioner, as to the probability of a sweeping Medical Charities Bill being on the anvil is another question. At all events the attention of those concerned, should be directed to the subject.

GOOD FAITH OF THE POOR-LAW COMMISSIONERS.

A correspondent, referring to the proceedings in the South Dublin Union, reported in the PRESS of last week, writes to us as follows:—

On the occasion when the infirmary surgeons were summoned to the commissioners' office, by a circular, which Mr. Nicholls disclaimed, and when he took occasion to insult us by endeavouring to evade an interview, and to get rid of us through a porter, till we insisted upon seeing him, we urged upon that functionary, so universally respected by the medical profession in Ireland, the extreme injustice of his arrangements for the medical attendance of the workhouses, and the disgraceful insufficiency of the remuneration allowed. In reply, he *again and again insisted and declared* "that it was not the commissioners but the guardians that made these arrangements—that the commissioners are not responsible for them—that it was safer to begin with a small salary, as there was seldom any difficulty about an increase, although a reduction, if necessity might require it, could with difficulty be effected, and that it was to the guardians the profession should look." This statement need not be vouched by those present at the interview, as it appears to have been in part repeated by Mr. Sub-Commissioner Hall, at the South Dublin Board; but it ill accords with the unjust refusal of this commissioner to permit the guardians to increase the salaries in the South Dublin Union, who, in true Lin style, now presents another version of the story.

We need make no comment: those who have watched Messrs. Nicholls, Phelan, and Co., during the last two years, could not expect a different line of conduct to be adopted by them.

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, Nov. 16, 1841.

Dr. WEBSTER, President, in the chair.

The deputation appointed at the last meeting of council, reported that they had an interview on Saturday, the 13th inst., with Sir James Graham, at the Home Office. The interview lasted an hour, during which the different points were fully discussed and explained to the honourable baronet.

Sir James Graham stated that he took great interest in every thing that concerned the profession, both on account of the public and the members themselves. That he had been a member of Mr. Warburton's committee, and that he considered the whole question to be a very important one. He was not aware that her Majesty's Government would be able to bring a medical bill before parliament during next session, as there would most likely be several important questions brought forward of a general nature, and the Government could not pledge themselves to this subject, which was one of considerable difficulty, though the objects sought for by the deputation were reasonable and desirable, if they could be carried into practical effect.

On learning that the association had prepared a bill, which they intended to bring before parliament, if the government did not take up the question, and in favour of which they would be happy to have the sanction and support of government, Sir James at once expressed his willingness to consider the bill if sent to him, and he would give his individual opinion as to the parts of it he could support.

The deputation then promised to forward the document through their secretary to the Home Office, and having expressed their thanks for the patient and courteous attention which the worthy baronet had given to the subject, withdrew.

CITY OF DUBLIN GRAND JURY.—November 20.

CORONERS' ORDERS.

A sum of £34 was presented for the fees to medical officers attending coroners' inquests.

Captain Nowlan traversed this presentment. He said the account for that sum had not been brought into the jury-room on the part of the rate-payers, and therefore no opportunity offered of examining the items.

Judge Perrin—The account is before me. I see here an order for payment of three guineas to a medical officer for attending an inquest on the 21st June last. Why were three guineas ordered to be paid?

Sir N. Brady explained that the medical officer had attended a *post mortem* examination into the death of a child during three days.

Judge Perrin said he thought three guineas a large sum for attending one inquest.

Captain Nowlan said he understood the fee to a medical officer for attending an inquest, should not exceed £2, and on ordinary occasions but £1. The medical officer sent for to attend an inquest, should always be a gentleman residing nearest the place where the inquest was to be held, in order to save the expense of car-hire, &c.

Judge Perrin said if there were a dispensary in the neighbourhood where the inquest was held, he thought the coroner should send there for a medical officer to attend, as that medical officer was paid by the public, and ought therefore to attend.

Mr. Long (juror) said the jury trusted the matter to the coroners, and were confident from the integrity of these gentlemen, that no improper expenses would be allowed by them.

Captain Nowlan said he thought it was not necessary to call in the attendance of a medical officer in all cases.

Mr. Hyndman (one of the city coroners)—I beg your pardon, Captain Nowlan, I would not go to any inquest without having a medical officer with me.

The subject then dropped.

MEDICAL OFFICERS OF PRISONS.

Captain Nowlan called the attention of Judge Perrin to the act of the jury in having made an addition of £50 to the salary of the medical officers of prisons. He had endeavoured to oppose this in the jury-room when it was discussed, but he would not be heard. The rate-payers thought that £300 per annum; which the physicians had previously, was ample payment for the duties discharged by them, but the jury added £50 more to the salary they had already.

Mr. Long said the jury thought that these gentlemen ought to have the salary which they had enjoyed for 20 years until last term, when £50 per annum was taken off the salary they had enjoyed. The present jury thought those gentlemen were inadequately paid for their services, they therefore restored them to their former salary. The jury found that the gaols were kept in a very healthy state through the constant and careful attention of these gentlemen.

Judge Perrin said the question for the jury was not what was the former salary of the medical officers, but what they conscientiously believed to be a suitable salary for the duties which they discharged, and then give them neither more or less than that salary.

Mr. Long said that was the view taken by the grand jury.

Captain Nowlan said the rate-payers thought £200 per annum was an ample salary for these gentlemen.

Judge Perrin said that as the jury had deemed it just to raise the salary of the medical officers on a conscientious belief that it was only an equitable remuneration for the duty discharged by them, he felt he could not interfere with their present salary.

Mr. Hyndman observed that the medical officers had at present four times the number of persons under their care that they had before.

Captain Nowlan said the number of prisoners was mentioned, but not the number of patients the medical officers had under their care.

Judge Perrin said that it was not by the number of patients under their care, that the medical officers should be paid, but what the jury conscientiously believed a sufficient remuneration for the duties discharged by them.

Mr. Hyndmand That is the view the jury took of it, my lord.

Judge Perrin then put his fiat to the presentment.

PROMOTIONS.

Military.—67th Foot—Surgeon G. Home from half-pay 85th Foot, to be Surgeon, vice Riach, who retires upon half-pay.

98th Foot—E. H. Blake, M.D., to be Assistant-Surgeon.

Hospital Staff.—D. Kennedy, M.D., to be Assistant-Surgeon to the Forces, vice Boyle, deceased. To be Staff-Surgeons of the 2d class—Assistant-Surgeon J. H. Sinclair, MD, from the 55th Foot; Assistant-Surgeon P. Robertson, from the Staff; Assistant-Surgeon G. Rumley, M.D., from the Ceylon Rifle Regiment.

REGISTER OF THE WEATHER.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Nov. 7,	56	50.5	30.400	
Monday	8th,	55.5	47	30.270	
Tuesday	9th,	54	41	30.210	
Wednesday	10th,	52	47.5	30.100	.030
Thursday	11th,	52.5	42	30.050	.060
Friday	12th,	48.5	40	29.550	.020
Saturday	13th,	44	34.5	29.360	.205
Sunday	14th,	41.5	31.5	29.600	.130
Monday	15th,	41.5	32	29.300	.360
Tuesday	16th,	37.5	28.5	29.600	.225
Wednesday	17th,	35	27 5	29.550	.015
Thursday	18th,	38	31	29.316	.660
Friday	19th,	37.5	29	29.350	.180
Saturday	20th,	43.5	29	28.950	.185

ELEMENTS of MATERIA MEDICA, and PHARMACY. By O'B. Bellingham, M.D., Lecturer on Materia Medica, at the Richmond Hospital School of Medicine, one of the Medical Officers of St. Vincent's Hospital, and lately Chairman of the Pharmacy Court of Examiners of the Royal College of Surgeons in Ireland.

Edited by Arthur Mitchell, M.D., Lecturer on Botany, at the Richmond Hospital School of Medicine.

Fannin and Co., Dublin. London: Longman and Co., and H. Renshaw. Edinburgh: Maclachlan and Stewart.

TO THE MEDICAL PROFESSION.

On the 1st of December will be Published,
Price 1s. 6d.
No XII. of the LONDON and EDINBURGH MONTHLY JOURNAL of MEDICAL SCIENCE, with two plates, Edited by Dr. Cormack.

This Number completes the Volume for 1841, and contains a copious Index. On the 1st January, 1842, No. I. of the Second Series will appear. The Profession are respectfully reminded that this is *the cheapest and most comprehensive Medical Journal published in Great Britain.* A few complete sets of the year 1841, may still be had from the Publishers.

☞ *This Journal is an excellent and economical medium for Advertisements.*

London: H. Bailliere, 219, Regent-street. Edinburgh: Maclachlan, Stewart, and Co. Dublin: Curry and Co. Paris: J. B. Bailliere, Rue de L'Ecole de Mèdecine. And Sold by all Booksellers in Town and Country.

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Wednesday, November 24, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX.

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SURGICAL SOCIETY OF IRELAND.

FIRST MEETING OF THE SESSION.

Saturday, November 13, 1841.

Mr. RUMLEY, President of the College, in the chair.

The PRESIDENT having opened the business of the Session, Professor HARGRAVE read the following paper:—

James Power, aged 18, was admitted into the City of Dublin Hospital, July 20, 1841, presenting a large smooth swelling beneath the left glutœus maximus: upon even a superficial examination, it evidently contained fluid; no cause could be assigned by the patient for this swelling, he complained of no pain in it, no uneasiness whatever did he experience; the lad presented the appearance of ruddy health; and no characteristic of struma whatever about him. All his functions natural; a most careful examination was made of the vertebral column, from the sacrum to the cervical region, and no indication, or evidence of disease, or even malaise could be detected; the column was perfectly formed, and symmetrical.

From the examination instituted, from the healthful appearance of this boy, from his apparently good constitution, I considered this abscess a mere local one, as "a disease of the part."

He was confined to bed, and on the 28th it was punctured, when a quantity of whey-coloured fluid with some flocculent shreds were discharged from it: a compress and spica bandage was then applied.

On the third of the following month, August, a mixture containing iodine, with the hydriodate of potash was prescribed, and continued to the 26th. On the 20th of August, the abscess was again punctured, and a quantity of matter discharged from it; but more matured than when it was first punctured: by "matured," I mean the fluid presented more of a purulent character.

After a few days, a poultice was constantly applied to bring it forward, which not producing the effect as intended; towards the end of August, an issue about the size of a shilling was made by means of caustic, and the abscess was punctured through it on the 5th of September; the matter presented the same character and appearance, as when last the abscess was opened.

The patient's health still continued good, losing neither flesh nor appetite; and in no one respect exhibiting any symptom indicative of disease in any region but that of the glutœal: under these circumstances, and having most carefully examined the spinal column without being able to detect any disease; it was considered advisable to pass a small seton through the abscess, consisting of a double silk thread, which was accordingly performed on the last day of September.

From this period till the 3d of October, no unfavourable symptom occurred, at which date he was seized with violent pain in both hips, extending down the thighs—shivering—headache—great thirst, with nausea—the seton was withdrawn, and a poultice applied to the nates: the following medicines were ordered:—

℞ Submur. hyd. gr. iii.
Rhei gr. viii.
Camp. gr. iv.
Ther. q. s.
Ft. bolus, statim sumend.

℞ Mist. camph. ℥iii.
Aq. ammon. acet. ℥vi.
Spirit. am. arom. gs. xx.
Cap. ℥i. tertiis horis.

The constitutional symptoms experienced but little alteration to the 6th., when there was superadded to

them, inability to pass water, which demanded the catheter to be introduced into the bladder at stated periods up to the 14th; at which date he was able to pass a small quantity of urine per vias naturales, but with intense scalding pain always referred to the fossa navicularis of the urethra. It is requisite to call your attention to the time that the seton was passed, 30th of September, from the time that the abscess was first punctured, till the 9th of October, whatever matter was obtained from it was perfectly inoffensive, as to odour; on the date now mentioned (9th), it was so very offensive, as to lead to the surmise, that the abscess communicated with diseased bones.

The urine now passed was highly ammoniacal, and contained nearly half of its bulk of a muco-purulent deposit, presenting much of the character of the tenacious mucus discharged in catarrhus vesicæ; prescribed decoct. uvæ ursi. c. bals. canaden. mucilag. et tr. hyosciam.

On the 16th the opening in the abscess was enlarged by a bistoury, to afford a more free exit to the matter; as its confinement seemed to maintain, if not increase the irritative fever; pressure in the groin was now found to facilitate the flow of matter. Carbonate of ammonia with camphor, and opium in pill was prescribed, to be taken three times a day. The discharge from the abscess was healthier on the 18th, the deposit in the urine resembling size, both in consistence and smell, scalding pain in the fossa navicularis much increased—decoct. buchu, vice decoct. uvæ ursi.

21st.—No sleep—severe pain in the hip—pulse feeble and intermittent—hardly speaks above his breath—urinary deposit unchanged—the quantities of carb. ammon. camphor and opium increased.

On the 24th some improvement, with desire for broth—pulse stronger and not intermittent—greatly distressed by frequent calls to micturate—an anodyne enema at night was prescribed, but gave no relief to the pain. The deposit in the urine was much altered as to its tenacity, on the 27th possessing scarcely any, but not diminished in quantity—pulse 126, and very weak. Adde mist. træ buchu ʒvi.

Nov. 1st.—The report states, that the urinary deposit has altogether lost its adhesive character, and is diminished in quantity—calls to make water every hour, preventing sleep, the scalding pain, if possible, is increased, and the cause of great suffering to him. On the 4th, a quantity of dark-coloured fluid blood, of a very offensive character was discharged from the abscess, which was stopped by a compress and some adhesive plaister; from this period till the 9th, he gradually became worse, with occasional discharges of blood from the abscess; suffering from profuse perspirations, pulse varying from 130 to 140—the urinary deposit diminishing in quantity, and varying in its tenacity—always much distressed from the scalding pain in the fossa navicularis—he sunk on the morning of the date now mentioned.

Autopsy six hours after death. On raising the intestines out of the cavity of the abdomen, and clearing away the peritoneum covering the psoas magnus and quadratus lumborum m. of the left side; a quantity of matter like that discharged latterly from the abscess, was found infiltrated in the cellular tissue. The peritoneum was thickened, but did not present any appearance of recent inflammation. In the psoas m. nearly opposite the last lumbar vertebra, was a narrow opening about an inch in length, communicating with an abscess, occupying the body of that muscle; through it a probe could be passed downwards, till it could be felt in the abscess in the glutæal region; on laying it open, the abscess was found to occupy the entire of the psoas, m. a few shreds only remaining of the inferior part of it. The body of the right psoas m. was also occupied by an abscess, containing a quantity of fluid blood, mixed with coagula, similar to that which latterly flowed from the abscess; pressure on the psoas caused it to appear on the other side of the vertebræ, no vein could be discovered opening into this abscess, from which the blood could be derived. On the left side the abscess passed through the great sciatic foramen under the glutœus maximus into a vast cavity, opening naturally through the punctures, by which the matter was discharged during life. On the right side, the matter was confined to the psoas m. in both abscesses the lumbar nerves were dissected clean, and surrounded by matter, but apparently uninjured.

The urinary apparatus exhibited the following appearances: the right kidney and ureter healthy—the left kidney slightly enlarged—both cortical, and tubular structures paler than natural—where the left ureter descended over the psoas m. it was somewhat thickened, and did not adhere to it. The bladder was very vascular on its external surface; when opened, the mucous membrane presented universally a highly inflamed appearance, and covered in numerous places with patches of lymph, and gritty particles; the colour of the membrane amounting to a very dark purple. All the structures of this organ were considerably thickened. The urethra was not examined.

On turning our attention to the osseous system, an abscess was found occupying the place of the intervertebral cartilage, between the fifth lumbar vertebra, and the sacrum, which communicated not only with the p. o. s m. as already mentioned, but also with the spinal canal; a small part of the sacrum was disintegrated by an ill defined caries.

The membrane lining the abscess, especially in the glutœal region, was not alone remarkable for its thickness, but also for its great vascularity; exhibiting much of the character of a most perfectly organised mucous tissue.

This case presents some points of interest, which may be briefly alluded to. The abscess situated in and extending from the sacro-vertebral articulation into the psoæ m., especially the left, then descending through the great sciatic notch, beneath the glutæus max. m., and pointing in the nates, a most unusual situation for what is described as psoas or lumbar abscess, though mentioned, the probability of such a course, by all surgical writers, I believe it is very seldom witnessed.

May not the psoas abscesses which have been described as pointing or descending to the glutœal region, have their origin in the situation now described? I am not aware of any dissections that have been given to explain this very unusual course of what is termed psoas abscess.

The singularly insidious character of the affection in no way indicating its nature, while every examination that was made of the spinal column, inquiries into the previous history of the case, into the condition of the different functions, into that of the nervous system, all failed to afford any light as to the true origin of this abscess.

The vesical affection was immediately recognised as one connected with active sympathy between the bladder and some neighbouring diseased parts, and by no means presents the same pathological interest as the other details of this case. It may be remarked that the intensity of suffering in the fossa navicularis exceeded almost anything I ever witnessed; no opiate or sedative gave relief, except morphia in one and a half grain doses, with fifteen drops of træ hyosciami, and repeated, if necessary, during the night, which was obliged to be done for the last fortnight of his existence.

Though a very careful examination failed to ascertain if any vessels communicated with the abscess, still the highly organised condition of the membrane lining it appeared sufficient to explain the occasional losses of blood experienced towards the decline of life.

Dr. PARKINSON wished to know how soon after the insertion of the seton, was there evidence of diseased bone?

Professor HARGRAVE said there was not the slightest evidence of such disease until the 9th of October.

Mr. M'COY asked if any, and what means had been used to ascertain if there was disease of the vertebræ—it was most interesting to know if so much disease as appeared in the preparation, could have eluded a careful examination.

Professor HARGRAVE said the principal means used had been a careful examination by pressure; and investigation of the movements of the spine, and of the due performance of the functions of the neighbouring organs. There was no paralysis or any other evidence of any disease of the nervous system.

The meeting then adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 9, 1841.

Dr. WILLIAMS, President, in the chair.

Case of Cyanosis depending upon Transposition of the Aorta and Pulmonary Artery. By Dr. WALSHE, Professor of Pathological Anatomy in University College.

This was a case in which the origins of the aorta and pulmonary artery were transposed; the former arising from the right ventricle, the latter from the left; while the connections of the venous trunks, pulmonary and cavæ, were natural. The coronary arteries were given off in the usual manner immediately above the sigmoid valves of the aorta; the ductus arteriosus pervious, and wide enough to admit a good-sized probe, communicated in the ordinary way with the aorta and pulmonary artery; the foramen ovale open; the ventricular septum not perforated; the walls of the right ventricle were from two to four times as thick as those of the left; the aorta and its branches constantly circulated black blood, with the exception of the extremely small quantity of red fluid carried from the pulmonary artery by the ductus arteriosus; the pulmonary artery and its ramifications constantly circulated florid blood, with the exception of the small quantity of black, which may have found its way through the foramen ovale from the right into the left auricle; the viscera were rather larger than in naturally-conformed individuals of the same age; the heart was even hypertrophous; yet the latter viscus was nourished by venous blood only; the former by blood very slightly oxygenised.

The subject of this malformation lived to the age of ten months; a much longer period than any of the subjects of the few similar cases on record.

On the Operation for the Cure of Hydrocele by a retained Injection of Diluted Tincture of Iodine. By J. R. MARTIN, Esq., formerly Surgeon of the Native Hospital, Calcutta.

In consequence of an accident of a serious nature, which occurred several years ago to a native in the Calcutta Hospital, upon whom the usual mode of treating hydrocele was adopted, namely, that by port-wine injection; the author, in the next case, substituted tincture of iodine for the wine. Two common urethra-syringefuls were injected, of a mixture made in the proportion of one drachm of the tincture to three drachms of water. Acute pain and faintness followed, which were relieved by the recumbent position, and the injection was retained, the scrotum being moved about so as to bring the fluid into free contact with the vaginal cavity. In five days the patient was discharged cured, scarcely any other treatment having been necessary.

From the time of the occurrence of this case, in March, 1832, to the end of 1839, 2393 cases were operated upon in the Native Hospital, under the orders of the author, in the manner above described, some cases only, in which the tumour was of very great size, having required two syringefuls of the injection.

The author, after entering into the details of many of the cases in which he employed the above treatment, sums up its advantages as follows:—

First. That it is far more simple and easy of performance than any operation before employed.

Second. That no serum has in any case been reproduced requiring a second tapping.

Third. That little care is required in the after-treatment.

Fourth. That the failures are under one per cent.; and, lastly, that the operation is free from all danger of infiltration of the scrotum, from the quantity of injection being so small, and from its being retained within the tunica vaginalis.

The PRESIDENT remarked, that the success of Mr. Martin appeared to have been remarkably uniform. He could not help being struck with the number of patients affected with hydrocele—a number which seemed marvellous to us inhabitants of a Christian land.

Mr. STANLEY, in reference to the frequency of infiltration of the scrotum by injection of the cellular tissue in the operation for hydrocele, could only recollect two, or at most three cases, as having occurred at St. Bartholomew's Hospital during the last twenty-five years. He had listened, therefore, with some surprise, at Mr. Martin's statement regarding its great frequency.

Mr. PERRY recollected one case, probably one of those alluded to by Mr. Stanley, in which an unruly patient drew out the instrument, and the cellular tissue was injected with the fluid. He mentioned this case, because it showed that the infiltration of the cellular tissue was not necessarily followed by sloughing. In this instance, by means of gentle pressure on the scrotum, and enlarging the opening made by the trocar, the greater part of the fluid was pressed out; warm water was afterwards injected, and no bad results followed.

Mr. MACILWAIN thought that there were many parts of surgery requiring improvement, but he did not include the operation for hydrocele among the number. He had no doubt of the efficacy of the iodine as used in Mr. Martin's cases, but to found the practice in question upon the failure of the old mode was but very poor reasoning. Infiltration of the scrotum in the cases which he had seen had not depended on the kind of liquid used, but was attributable in all the cases either to the incontrollability of the patient, or a want of caution on the part of the surgeon. In two cases of infiltration which he had seen in St. Bartholomew's Hospital, the accident depended on the latter cause. He had been called to three cases, also, in his private practice, in which this mishap had occurred. In these three cases the causes were as he had stated. In one of these cases the injection was let out from the cellular tissue by three or four free incisions into the scrotum, which step prevented sloughing. Mr. Macilwain then proceeded to tell the members how they should perform the operation

of injecting for hydrocele; an account of which will be found in Cooper's "First Lines." He concluded by observing, that when the operation was properly performed, and with the common port-wine injection, it was almost uniformly successful.

Mr. STANLEY believed that the question raised by Mr. Martin's paper referred to the preference to be given to the employment of one or other liquid in this operation. Now, we knew that the operation as practised in the old way with the port-wine injection would occasionally fail; if, therefore, the iodine was, as Mr. Martin stated, so generally successful—if, moreover, it produced inflammation more rapidly, and this inflammation subsided quicker, it certainly had these advantages in its favour.

Mr. ARNOTT thought the question was one as to the relative advantages of the two kinds of fluid. He never saw a case of infiltration of the scrotum from injection into its cellular tissue; he had, however, seen one case of serous infiltration terminating in sloughing of the parts, consequent upon the inflammation produced by the injection. The patient was a black man, lately arrived from the West Indies; this, perhaps, rendered him more liable to the inflammation. He should look with favour on the iodine injection; he had seen undue inflammation from the injection of port-wine having been retained too long. Was the operation with the iodine injection a safer, shorter, and more efficacious proceeding; and if so successful in India, would it be so in Europe?

Mr. CHARLES HAWKINS had seen four cases treated with the iodine injection, not, however, in the manner pursued by Mr. Martin, but with the usual quantity of liquid, which was afterwards withdrawn. In two of these cases the common port-wine injection had failed; in one of these the iodine failed also: the result of the other he did not know. In the two other cases one failed, but the liquid in the sac was afterwards absorbed by painting the scrotum with tincture of iodine; in the other case, he believed that a cure was effected. He had remarked in all these cases that the injection of the fluid was followed by extreme pain; in one case syncope was induced. The quantity of tincture of iodine used was one part to two of water.

Mr. ACTON had had many opportunities of seeing the iodine injection employed both by Ricord and Velpeau. In their hands the practice had been most generally successful. In none of these cases had any ill consequences ensued, nor had he noticed the excessive pain to which Mr. Hawkins had alluded. He had once seen the cellular tissue of the scrotum injected by Velpeau, but no evil consequences followed. In Paris, the port-wine before use was heated by a charcoal furnace, and it was in that city not a successful application in these cases. The iodine was used in the proportion of one part of the tincture to two or three of water. He was glad to have the present opportunity of contradicting a report which had been spread abroad, and was mentioned in Mr. Martin's paper, to the effect that Ricord had once transfixed the testicle with a trocar. This was not the fact: such an accident had never occurred to this able surgeon. He was, however, in the habit of stating in his lectures that such a misfortune once befell a French surgeon in attempting to cure hydrocele. This surgeon, he (Mr. Acton) believed, was no less an individual than Dupuytren himself.

ACADEMY OF MEDICINE, PARIS.

NOVEMBER 2.

RESEARCHES ON FOLLICULAR ENTERITIS. BY M. CASSIMIR BROUSSAIS.

The following are the conclusions of M. Broussais' memoir:—

1. There is no evidence of the existence of mucous follicles in the intestines, when healthy: what has been written respecting their structure is purely hypothetical.

2. Dothinenteritis only exists in the imagination of those who invented it, or adopted it on the authority of others.

3. There is no such affection as follicular enteritis.

4. The alterations of the intestinal canal, which have led to the belief of the existence of follicular enteritis and dothinenteritis, are not seated in the follicles (whose existence has not yet been demonstrated), but in the mucous membrane itself, in its villi and the subjacent cellular tissue.

5. The alterations of the latter tissue consist in a more evident arborisation of the vessels which traverse it, in inflammatory congestion, induration, thickening, and sometimes degeneration.

6. The alterations of the mucous coat and of its villi consist in sanguineous turgescence, sometimes followed by softening and ulceration.

7. The glands of Peyer do not present a trace of follicles.

8. Their follicular and goufreè appearance is due to the sinuosities of the villi and to the denudation of the fundamental areolar tissue.

9. Their development commences by an unfolding of the volvulæ conniventes: in the first stage they assume a goufreè appearance.

10. The excessive turgescence of the villi subsequently causes the goufreè appearance to disappear, and the part appears prominent and fungous.

11. When resolution commences, the goufreè appearance re-appears, with or without partial and superficial ulcerations of the villi.

12. Cicatrisation is effected by means of pale or rose-coloured granulations disposed in disks like the ciliary processes; the surface finally becomes flat and smooth, but is divested of villi.

13. The supposed follicles of Brunner are isolated granulations, at first consistent, then softened, and finally pustular and ulcerated.

14. The intestinal ulcers of phthisis are not follicular. They are sometimes formed by the mechanism above indicated, and are sometimes the result of tubercular degeneration of the sub-mucous cellular tissue.

COMPOSITION OF MILK.

M. Dubois read a report (framed conjointly with MM. Baron and Chevallier) on a memoir by M. Devergie, entitled, "On the Microscopic Examination of the Milk in the Selection of a Nurse."

M. Devergie being favourably circumstanced for examining experimentally M. Donné's researches respecting the microscopical examination of milk, resolved to repeat the experiments of that physician.—Before M. Donné's observations, the choice of a nurse rested almost exclusively on the examination of the female, and an inspection of the physical characters of her milk. Leuwenhoeck had, however, pointed out the existence of globules in the milk. M. Donné repeated the microscopical examination of that secretion, and considered his results as of great importance. M. Devergie's object is to test the value of that mode of investigation, and compare its results with those derived from an examination of the nurse and the condition of the infant suckled by her.

M. Devergie divides the globules of the milk into three classes—large, medium, and small. As to their structure, Raspail represents them as consisting of a central body enveloped by a membrane; but it is doubtful how far this opinion is correct. M. Donné has shown that the size of the globules continues to augment up to a certain stage of pregnancy, and are also larger, the richer the milk. M. Devergie has experimentally established the practical consequences to be deduced from these data; the peculiar texture of his memoir being its practical character. He

thinks that a physician cannot, because he consults the microscope, dispense with other sources of information. He makes, however, large concessions in favor of the microscope; too much so, indeed, in our opinion, when he asserts that by its use we may recognise the milk which will agree best with an infant.—Your committee do not share this opinion, for the point cannot be decided until we have determined whether the child requires a richer or poorer milk than that which it is making use of; and this is a question very difficult to be determined, and which cannot be solved by the microscope alone.

M. Devergie has endeavoured to express by figures the various degrees of richness of milk; he admits, indeed, that such a method is arbitrary; but yet we think that he should not have employed it, even as a mode of attaining an approximative result, inasmuch as such a method seems to imply the pretension of submitting to calculation, a matter in which calculation is impossible. It would have been better simply to say, as indeed he does in another passage, that the thickness of the milk was augmented or diminished.

In the true spirit of a practical physician, M. Devergie has not shut his eyes as to the value of the conclusions derivable from the microscope, and has sought to determine the influence of other conditions, generally regarded as capable of influencing the composition of the milk; and with that view he examines the following circumstances:—The *age* of the milk—the age of the nurse—the bulk of the mammæ—the colour of the hair; and he has ascertained that none of these circumstances exert any marked influence on the richness of the milk, that is to say on the number of globules it contains. Daily experience, however, tells us that all these causes do, in fact, cause the properties of milk to vary.

These results of microscopical analysis are unquestionably very insufficient and incomplete, and yet M. Devergie is habituated in this kind of research, and assuredly undertook the investigation with the desire of proving more than he has been able to prove.—Whence comes it, then, that his conclusions are so vague? There is a great difference in this respect between the two observers who have investigated this subject. M. Donné considers all the signs derivable from the inspection of the nurse, and the examination of the external characters of the milk, as almost valueless; and consequently regards it as necessary to rely almost exclusively on the microscope. M. Devergie, on the contrary, maintains that these signs are very important. M. Donné's conclusions are much more exclusive than those of M. Devergie: the latter observer maintains a wise reserve in his conclusions, which, in our opinion, are much better founded than those of M. Donné. In fact we have just seen that the microscope detects no differen e in the composition of milk under different conditions of age, constitution, &c., which do, however, unquestionably, considerably modify the properties of the secretion.

We think, then, that M. Devergie has attained the object which he had in view. He confined himself to treating of the use of the microscope in the choice of a nurse, and he has demonstrated how far the use of that instrument is of value in that respect.

TENOTOMY.

M. H. Larrey presented a patient on whom had been performed Chopart's operation for partial amputation of the foot. Subsequently to the operation the plantar flap and heel were drawn backwards, by which displacement the cicatrization of the wound was prevented, and such inconvenience resulted, that the patient applied to M. Larrey and solicited him to amputate the leg below the knee. M. Larrey, before resorting to such an extreme measure, determined to try the effects of dividing the tendo-Achillis. Immediately after its division the flap and heel resumed their proper position, and a cure was obtained in a very short time. A year has elapsed since the tendon was divided, and the amendment is permanent.—*Gazette Medicale.*

EXTRACTS FROM PERIODICALS.

ON THE TREATMENT OF ERECTILE TUMORS. BY M. AUG. BERARD.

M. Berard distinguishes three kinds of erectile tumors—those formed by alteration of the capillaries of the skin—of the veins of the subcutaneous or submucuos cellular tissue—or by the simultaneous dilatation of all the arterial branches of any region.

M. Berard is of opinion, that none of the numerous plans of treatment which have been devised for this affection, deserves exclusive preference. The choice depends on the consideration, that the cure of an erectile tumor may be obtained in two ways. By destroying the diseased structure; or by modifying it in such a way, that it loses its peculiar vascular character, and is transformed into a fibro-cellular tissue. Sometimes these two modes of action may be cobined, one part of the tumor may be destroyed, another transformed.

The first method is chiefly applicable to *capillary* tumors, and the application of potassa fusa cum calce is the best, the most certain, and the least dangerous method that can be employed. M. Berard has successfully used it in upwards of 30 cases. It may be requisite to apply it twice, or even three times, according to the thickness and persistence of the tumor.

M. Berard first treated *venous* erectile tumors by M. Lallemand's method, which consists in the introduction of needles, which are left in till suppuration is established. Finding that metallic needles did not ensure the purpose, M. Berard tried ivory ones, but without any better success. He injected irritant, and even caustic fluids into the canals formed by the needles; this plan is, however, not exempt from danger, and some serious accidents resulting from it, he has almost completely abandoned it. The seton, combined with constriction is, in M. Berard's opinion, the best method in these cases.

The following are the conclusions of M. Berard's memoir:—

1. Erectile tumors are accidental, productions some of which seem formed by the capillary vessels properly so called of the skin and of the sub-cutaneous cellular tissue; others consist of an agglomeration of minute veins, freely anastomising with each other The former species sometimes disappear spontaneously, but sometimes ulcerate, may or may not bleed, and shrivels up at the point that has ulcerated. The second kind ulcerates more rarely, but when ulceration occurs, they bleed copiously. Their spontaneous cure is an excessively rare event, but when these attain a certain size, they seldom grow any larger.

2. The treatment of these tumors comprise two methods, which may be used separately or concurrently. One mode consists in destroying them; the other in transforming them into other tissues.

3. The first method chiefly suits superficial cutaneous tumors, and is best effected by applying the potassa fusa cum calce.

4. The second mode is applicable to venous tumors, to those occupying a great thickness of parts. The transformation of the erectile tissue is effected by inflaming it. This ingenious idea is due to M. Lallemand, who proposed to realise it by acupuncture, which does not, however, effect the object, because of the difficulty with which this tissue inflames. The injection of a caustic fluid into the holes made by the

needles is much more efficacious, but is dangerous, and its precise effects cannot be always foreseen; the best method consists in the employment of the séton, combined with constriction.—*Gazette Medicale de Paris.*

RESEARCHES ON THE SPONTANEOUS CURE OF ASCITES AND ANASARCA. BY J. T. MONDIERE, M.D.

Ascites and anasarca after having persisted despite the employment of rational or experimental treatment, occasionally disappear in a few days, or even hours, under the influence of some critical evacuation. In such cases it would often seem that while the practitioner sought to produce an artificial crisis by stool or urine, nature produced the crisis from some other organ. We may, perhaps, thus explain some of the negative results, that so often occur in therapeutics, and also learn to study the natural tendency in each particular case, so as to assist, or at least not to counteract that tendency. Thus, instead of indiscriminately adopting in a case of dropsy, a treatment by purgatives, or by diuretics, or by emetics, or by diaphoretics, we should carefully examine the patient, investigate the antecedents of the case, and endeavour to ascertain the predominant secreting organ.

M. Mondiere is of opinion, that the predominance of certain habitual or accidental secretions, enable the secreting organs to furnish copious evacuations, which may be critical in certain dropsies, and as the disease is most frequently merely an exaggeration of a natural function, the physician should seek to ascertain which is the predominant secreting organ with the view of artificially establishing the critical flux which nature occasionally excites spontaneously.

Several cases are detailed, exemplifying the influence of a predominant secreting organ, and M. Mondiere is of opinion, that we almost always determine the dominant organ by carefully investigating the antecedent condition of the secretions. Thus, the choice of remedies will be guided by the frequency or the contrary of the urinary excretion, the facility or the reverse with which diarrhœa was excited by slight causes; the reddiness with which vomiting was excited; or the liability to diophoresis. If no such aids exist, the treatment must be experimental.

The following case which occurred in M. Mondiere's practice, illustrates what has been said.

A man aged 66, of vigorous constitution, labouring under obvious dilatation of the right cavities of the heart, was affected with considerable infiltration of the legs, the thighs, and the scrotum, and abundant effusion into the peritoneum; the face and hands were œdematous, and he could only sit upright in bed. Squill and digitalis were prescribed with but trifling advantage.

At the expiration of six months the dropsy had increased, and paracentesis appearing necessary, the patient was minutely questioned as to his previous history. It appeared that in youth especially, but also in adult age, he was extremely liable after any error of diet, or even after merely suffering from cold feet, to be attacked with a sensation of great heat in the abdomen, followed by colic, which terminated by copious diarrhœa, often lasting several days, the stools at first yellowish, finally becoming perfectly similar to muddy water. A bottle of Seidlitz water was now prescribed, and was swallowed on Sunday morning. The following Tuesday, to M. Mondiere's great surprise, the patient walked into his study, the anasarca and ascites having completely disappeared. He stated, that an hour after swallowing the Seidlitz water, he was seized with violent colic and fainting fits, so protracted, that it was thought more than once that he was dead; suddenly he experienced a desire to go to stool, and after passing some hard scybalæ, there was such an abundant flow of water from the bowels, that in less than two hours, he filled two large boilers. Five hours after swallowing the Seidlitz water, he retained scarcely a trace of the dropsy. The patient had several relapses, each of which was similarly cured by a bottle of Seidlitz water.

Other cases are detailed, exemplifying cures by critical discharges; by urine, by vomiting, by mixed evacuations, by salivation, &c., and the following conclusions are drawn:—

1. That crisis in dropsy is not very rare.
2. That a crisis may occur from any secreting organ; any point of the mucous membrane, or from an accidental secreting organ.
3. That every individual has a secreting organ of dominant activity, which the physician should endeavour to determine, with a view to excite its action.
4. That it is always vain in dropsy to endeavour to excite the action of any organ which is not naturally disposed to act.
5. The fluxionary tendency of any organ must be carefully studied, in order to excite or promote, or at least not to counteract that tendency.—*L'Experience.*

CASE OF IMPERFORATE HYMEN, BY DR. SAUVE.

Pauline B., aged seventeen years, well formed, and presenting the usual signs of puberty, but not having menstruated, was attacked 20th November, 1840, with pain in the loins, which soon became extremely acute and accompanied with intermittent colic. Her mother thought that the catamenial discharge was about to appear, and gave her foot-baths, decoction of saffron, and other exciting medicines. The pains augmented, and her sufferings became extreme. A physician was consulted, who recommended cataplasms to the abdomen, and leeches to the groins, but no relief followed.

On the evening of the 30th, Dr. Sauve was consulted. The pains were so severe, that the patient could not refrain from screaming. There was complete suppression of urine, and obstinate constipation; the hypogastrium was hard and extremely painful on the slightest pressure. She complained of a tearing sensation, and a sense of heaviness in the sexual organs, of vesical and rectal tenesmus, and of an almost incessant desire to cough, the pulse was full, hard, vibrating, the skin hot, the face flushed. The pain became every moment more severe and caused the patient to writhe in the bed. Dr. Sauve immediately suspected that there was retention of the catamenia, consequent on an imperforate hymen, but the patient obstinately refused to submit to any examination. At midnight the pain became so intolerable, that she allowed an examination to be made. The finger detected a fluctuating tumor the size of a hen egg, and augmenting in hardness at intervals, completely filling the region of the vagina.

The patient being placed in a proper position, the labia were separated, and a reddish tumor resembling the head of a child about to issue from the vulva came into view. An incision was made through its mucus covering, and a tolerably resisting layer of musculo-fibrous tissue, and a large quantity of thick, black, partly coagulated blood escaped. The pains immediately ceased. A tent was introduced into the wound. The next menstrual period passed off regularly.—*Annales de Gynecologie et de Pœdiatrique de M. Schoenfeld.*

CASE OF DEFICIENCY OF THE UTERUS. BY DR. WEHR, OF CASSEL.

The patient was a little woman, who was born of weakly parents, and died aged fifty-four. At the age of ordinary puberty her breasts did not enlarge, nor did she either then or ever after menstruate, though

at almost regular monthly periods she had pains in the limbs and other parts of the body. Throughout life she enjoyed moderately good health, and suffered from no singular symptoms; she died of pneumonia.

After death the clitoris was found very much developed, but there were scarcely any traces of nymphæ, and but little hair about the external organs. The vagina was very small, the hymen perfect, the orifice of the urethra large. The form of the uterus was preserved in the arrangement of the peritoneum, but very little of its substance was found in what corresponded to its body and cornua, and only a little more in its cervix. In the left broad ligament was a small tubercle. The left ovary resembled only an elongated flattened transparent cyst full of fluid; the right ovary was in nearly the same state, but appeared connected by a little tubercle with the rim of the pelvis. The Fallopian tubes were of about the normal length, but their size was small and proportioned to that of the uterus and ovaries, their abdominal orifices were small and surrounded by a few imperfect fimbriæ.—The vagina was small; its walls were thin and but slightly wrinkled internally. The orifice of the uterus was flaccid; the cervical part of the cavity was wide, and was continued through the body into two separate cornua.—*Casper's Wochenschrift*, and *B. and F. Med. Rev.*

ON THE TREATMENT OF SCROFULOUS AFFECTIONS BY THE PREPARATIONS OF WALNUT LEAVES. BY M. NEGRIER, PROFESSOR AT THE PREPARATORY SCHOOL OF MEDICINE AT ANGERS.

M. Negrier has used the above remedy in seventeen scrofulous children, nine of whom had osseous enlargements with caries; seven, ulcerated glands; one several swollen cervical glands with scrofulous ophthalmia of both eyes. Each patient took daily two or three cups of infusion of bruised walnut leaves sweetened with sugar or honey, and a four-grain pill of the extract of the leaves, or a spoonful of a syrup prepared with eight grains of the same extract to ten drachms of syrup. All the sores were washed with a strong decoction of the leaves, and covered with linen compresses steeped in this decoction, or poultices made with flour and the decoction. Seven of the patients were completely cured after six months of this treatment, and five nearly so; and M. Negrier concludes that the walnut leaves are superior to all other antiscrofulous remedies.—*Bulletin Général de Thérapeutique*, and *B. and F. Med. Rev.*

ON THE USE OF OXALIC ACID. BY DR. NARDO.

Dr. Nardo has employed this acid in inflammations of mucous membranes, and finds that its antiphlogistic action is more marked than that of any other vegetable acid, possessing the property of instantly calming the severe pains which frequently accompany inflammation of the mucous tissue. He has used it with success in acute and chronic affections confounded under the name of angina, in different inflammations of the mouth, aphtha of new-born infants, gastritis, and gastro-enteritis.

The following is the formula he prefers:—

Solution of gum arabic,	2 ounces (94 gram.)
Oxalic acid, . .	1 to 2 gr. (15 to 30 cent.)
Gooseberry syrup.	1 ounce (32 gram.)

A tablespoonful (cuillerée à bouche) to be taken slowly at short intervals.—*Journal des Connaisances Medico Chirurgicales. Juin*, 1841. (From *Observatore Medico.*) *B. and F. Med. Rev.*

SAINT VINCENT'S HOSPITAL.

EXTIRPATION OF BREAST.

Reported by T. P. Wilkinson, L.R C.S.I., &c.

Catherine Donovan, aged 30, admitted under Mr. Ferrall's care, September 13th, 1841.

Apparently healthy, but complains of lancinating pain in left breast; the integument is unaltered in colour and the nipple healthy, but occasionally weeping a thin sanguineous fluid. Above the nipple there is a small, hard, pea-like tumour under the skin, and adherent to the mamma: the gland generally is hard and nodulated; there is no enlargement of the axillary glands.

On the 17th of September Mr. Ferrall proceeded to operation. The nipple and tumour were included in an elliptical incision, and the breast removed in the usual manner. Afterwards, some hard granular fat, with white cords passing through it, was dissected from the pectoral muscle: but two vessels required ligatures. The interrupted suture was used, and water dressing applied. The wound healed in a few days, almost entirely, by first intention, very slight suppuration occurring only in its external angle. She was discharged on the 16th of October, quite well.

On making a section of the mamma, a blood-coloured tumour was found at a little distance from the nipple, and a bloody streak forming a connection between them. It is probable that this tumour was the origin of the sanguineous discharge. A section of the small tumour was granular, like fat, but of cartilaginous hardness.

Mr. Ferrall remarked that daily experience affords instances of diseases in the breast, which do not readily arrange themselves under the classifications of Abernethy, Sir A. Cooper, and others. A point of considerable interest in these diseases is, the source of the sanguineous weeping from the nipple, which, in the present instance, seemed to be conveyed from one of the tumours to the nipple, through one of the lactiferous ducts. There was no retraction of the nipple in this case.

REVIEWS AND NOTICES OF BOOKS.

PLAN OF MEDICAL REFORM, and REORGANIZATION of the PROFESSION, without Subverting the Existing Colleges of Physic and Surgery; addressed to the Right Hon. Sir R. Peel, Bart. By RICHARD CARMICHAEL, M.R.I.A., President of the Medical Association of Ireland. Dublin, 1841.

MR. CARMICHAEL, with his characteristic activity, has already commenced the campaign of medical agitation, which, we may expect, will be carried on with unusual vigour, during the ensuing session. Mr. C. sets out by stating the objects of the majority of medical reformers as follows:—

"1st—A good preliminary education, such as is required of those who enter into the other learned professions.

"2dly—A good *practical* professional education, to be tested by a scrutinizing *demonstrative* examination.

"3rdly—Equality of qualification, in each great division of the United Kingdom.

"4thly—The union of physic and surgery, at least in education.

"5thly—The separation of the practice of pharmacy from the practice of medicine, as far as the interests and usages of society may permit."

Under each of these heads Mr. Carmichael's pamphlet contains a number of judicious and practical observations, all of which, did space permit, we would gladly transfer to our columns. The proposal of having two grades of practitioners, to be tested by two different degrees of education and qualification, is thus ably treated:—

"This is a question upon which the profession are much divided; some contending that if there is but one grade of practitioners, who must, of course, be required to have a liberal and extensive education, both preliminary and professional, there will not be a sufficient supply of medical men to meet the wants of the nation; others, on the contrary, aver that under

the one grade there will be an abundant supply to meet every demand. At present all parts of this vast empire are inundated by hordes of struggling and starving medical men, who have little other occupation than expressing to one another their unavailing regrets that they have spent their time, money, and labour in acquiring the knowledge of a profession which is now of no use to them. The only legitimate way of guarding for the future against this evil is, to raise the qualification, which, by requiring more time, labour, and money, than is at present demanded, will tend, in a few years, to lessen the supply of medical men, and yet render it commensurate with the *real* wants of the people. I know that some political economists contend, that if the education of medical men be expensive, the cost of employing them must be proportionally high. To this I answer, that it would be wiser to give a fair price for any article we want, or even to remain without it, than to purchase one ill-manufactured and of bad materials; but, in my opinion, the objection that one grade of well-educated medical men will be either too few or too high in price to meet the wants of the public, is altogether fanciful and founded in prejudice and error; and while there is an abundant supply, the *res angustæ domi* of the young, and too often of the old, will furnish a host of practitioners to meet the means of remuneration of all those who seek for their assistance. It is not to be imagined that one of five years' standing will expect to receive the same quantum of remuneration as one of ten years, or one of ten years as one of twenty; but let these matters be left to the public and the individuals of the profession, and no other interference is required on the part of the licensing body than, in commercial language, to supply the market with a sufficiency of sound and well-manufactured materials; and I will venture to affirm that the purchasers will not only get far better goods for their money, but infinitely cheaper, than those they have long been in the habit of considering a bargain. The credit of belonging to a liberal, learned, or honourable profession—such as the bar, the church, the army, the navy—is justly esteemed a part of the remuneration for service. In the present degraded state of medicine this forms no part of a medical man's pay; on the contrary, it is a downright injury to him in good society to be announced either as a doctor or a surgeon. Therefore, by rendering the profession of medicine more respectable, you make it at the same time less expensive to the public.

"If you admit of two licensed grades of the profession—the one to supply advice to the affluent, the other to afford both advice and medicine to their less fortunate fellow-subjects—you will perpetuate the evil system which now exists, and you will continue to have the nation overrun as hitherto by ignorant or half-educated medical men. Let then, all be educated alike, and undergo the same test of examination.—Those of superior talent or industry will naturally rise to the rank of consultees, and fill the posts of medical attendants upon hospitals, and of professors in the different schools; while, at the same time, the necessity of a sound education in all, will ensure to the poor as well as to the rich, medical advice upon which the nation at large may rely. It is an absolute duty in a wise and paternal government to take especial care that the people shall be provided with medical men duly educated—for the healing art is an exception to the axiom laid down by Adam Smith, that it is unwise, by either encouragement or restriction, to interfere with the open market; because the public are not adequate judges of the qualifications of medical men. It is, therefore, necessary that government should take especial care to provide them with well-educated practitioners in medicine, leaving *then* the market open, when the selection can only fall on a *materiel* of good quality."

Having pointed out at length the many inconveniences attending the multiplication of sources of medical qualification, and the conjunction of physic and pharmacy, Mr. Carmichael thus proceeds to develope his plan for the removal of these multitudinous evils:—

"The difficulty of forming any new arrangement so as to meet the different objects required, is no doubt considerable, but by no means insurmountable. The medical profession cannot be permitted to remain in its present state; for it would be far better to allow the public to form their own judgment respecting the qualifications of medical men, than to have society inundated, as it is, with hordes of ignorant and half-educated persons, asserting their rights to practise under the licenses of so many corporations, many of which are most venal and corrupt.

"It has been wisely proposed to form a council or licensing board for each great division of the United Kingdom—one to hold its sittings in London, another in Dublin, and the third in Edinburgh. But how these boards are to be formed from the great mass of practitioners is the difficulty. In the bills introduced into parliament in 1840 and 1841, by Mr. Warburton and Mr. Hawes, it was proposed to form three councils on the elective principle from the great mass of practitioners. In the council for England, however, making no difference between those licensed by the apothecaries' company, and those by the College of Physicians of London. Now a levelling arrangement like this, to place a mere trading company in the same rank with an erudite and learned body, venerated for its antiquity, like the College of Physicians—which, whatever may have been its errors, and they have not been inconsiderable, has contributed more than any other college or corporation to uphold the character and respectability of the profession of medicine in Great Britain—I say such a levelling principle could neither please the profession at large, nor satisfy the sense of justice entertained by the public. Nothing, however, less than the elective principle in the formation of these councils can *now* satisfy the profession, as experience has sufficiently demonstrated the injurious effects upon its members, and consequently on society, which have arisen from self-elected, irresponsible, licensing boards. I shall therefore proceed to suggest a plan for the formation of these councils on the elective principle, which is of easy accomplishment, and affords, I conceive (all claims considered), a just measure or proportion of the elective power amongst different existing colleges of physic and surgery, however dissimilar they may be as to the amount of their respective constituency.

"Had those colleges conferred upon all persons upon whom they granted their diplomas, a voice in the management of their affairs, it would be easy to form out of them a council or licensing board for each of the three great divisions of the kingdom; as the colleges of physicians and surgeons of England, Ireland, and Scotland, might readily have formed respectively the councils for those portions of the empire; but as the reverse is the case, only a select few having a voice in the management of each institution, it is absolutely necessary that these colleges should open their doors to all those upon whom they have conferred their diplomas or licenses to practise, and extend to them the *elective franchise*, which will then authorize all to vote for their representatives in the proposed councils. For nothing less than the exercise of this corporate right will now satisfy the members of the profession. This internal reform having once taken place in each college, the councils can be easily formed on the elective principle. Then let the

Colleges of Physicians and Surgeons of London elect twenty-four members of council for England, those of Dublin as many for Ireland, and the different Scotch colleges the same number for Scotland.

"Notwithstanding the immense disproportion between the number of members contained in the colleges of physicians and surgeons in the United Kingdom, the surgeons being infinitely more numerous than the physicians, yet I should feel disinclined to make any difference in the proportion of members of council to be delegated by each. The physicians, being generally, at least those of the London and Dublin colleges, much more concentrated in their respective capitals than the surgeons, who, from their numbers must necessarily be a more scattered body, and therefore, on this account alone, less fitted to form the council. Besides, the great majority of the London College of Surgeons are general practitioners, usually considered an inferior grade in the profession. An equality between the colleges of physicians and surgeons in the election of members of council, will at the same time give to the physicians a solid and material increase of influence; which will be an ample compensation for any supposed diminution of their dignity or position in society, by being placed on a par with the delegates of the colleges of surgeons in the formation of these national councils. The delegates of the colleges of surgeons will, most likely, be the *elite* of each college, resident in each metropolis; for those living in provincial towns could not attend without great loss and inconvenience at the necessarily frequent meetings of council, and therefore would probably be esteemed ineligible.

"I would here suggest, that no member of any college, either of physicians or surgeons, who is a general practitioner, even under the new regime, should be esteemed eligible to be a member of council. And I would limit the right of voting to those members of the profession only who have been five years in practice.

"In order to bring about so desirable and indispensable a measure as a thorough medical reform, most individuals must necessarily be called upon to make some sacrifices, real or imaginary, to which they should not hesitate to submit, for the respectability of their profesion, and the good of the public. In a few years, under the new regime, the entire mass of medical practitioners will be united into one compact body, free'd from those corporation jealousies and dissentions which have so materially tended to cheapen its character in public estimation. Scotland will perhaps require a different arrangement in the formation of its council; for notwithstanding the vast inferiority of its population compared to that of England or Ireland, it contains, besides its colleges of physicians and surgeons of Edinburgh, other licensing bodies, viz.—the University of Glasgow, the medical faculty of the same city, and the Universities of Aberdeen and St. Andrews. Yet the Scotch colleges will, I trust, find no difficulty among themselves of settling the proportion of delegates from each of the licensing bodies, to form the medical council of their nation; and the mode I am about to suggest of collecting the votes of so scattered a constituency in the United Kingdom, will be more easy than that proposed by Mr. Warburton in the draft of his bill for regulating the medical profession in 1840.

"Each college will, or ought. to keep a registry of its members, each member being called upon to report his residence, and afterwards any change as often as it may occur, to the college from which he has received his license. If he possess the diploma of more than one college, then let him make his selection in which he chooses to vote. If he vote in more than one, let him be liable to a severe penalty or punishment, such as expulsion from one or both of the colleges to which he belongs. One month previous to the election of a member or members of council, circulars can be issued by each college to its members, conveying a printed form, which being returned, the successful candidates may be declared by the president and managing committee of the college, whatever may be its designation. The duration of council may conveniently be for three years.

"The communication by steam is now so rapid, and it has so thoroughly united every part of the British islands, that a member of one of the London colleges, residing in the most remote part of Ireland, can return his vote almost as soon as his brother member who resides in Yorkshire.

"The duties of each of these national councils will be, to appoint examiners, to regulate the examinations, to license successful candidates, and to superintend the general concerns of the profession.

"In order to connect these three councils, so as to preserve uniformity of proceeding throughout the United Kingdom, it is proposed that each of these councils shall, within one month after its formation, elect three persons from amongst their own body to form a medical senate, which may, like the council, continue in office for three years. To these nine medical delegates government will, in all probability, be disposed to add some lay assessors, as the duties of the senate will be of a most important nature, viz.—the enactment of bye-laws and regulations for the entire profession. Those of the council would be, to have those laws and regulations carried into effect.

"It is also proposed that a college of pharmacy shall be established in each metropolis of the United Kingdom for the purpose of regulating and superintending the practice of pharmacy. The apothecaries' companies of London and Dublin are ready formed for this purpose; but it will be necessary to establish a new college of pharmacy altogether in Edinburgh.

"When apothecaries are no longer engaged in the practice of medicine, they will become good chemists, good botanists, and naturalists. They will prepare their own medicines, and not trust this important business, as is now too generally the case, to trading chemists. They will, therefore, under the superintendence and control of a college of pharmacy in each division of the United Kingdom, be always furnished with genuine, unadulterated medicines; by the contrary pactice, the public at present suffers incalculable injury. If druggists will enlarge their sphere beyond the wholesale traffic of drugs and dye-stuffs, they should be under the necessity of qualifying themselves by study and the ordeal of an examination to become apothecaries competent to prepare, as well as compound their medicines.

"Let this separation of the practice of pharmacy from the practice of medicine once be decided by parliament, and we shall soon see a race of apothecaries ia the United Kingdom, equal in science and respectability to those who are everywhere to be met with on the Continent.

"By this scheme of medical reform, respectfully submitted to your consideration, there will be no minimum examination to supply practitioners for the poor, or a maximum for the rich; all will be equally qualified, and I shall venture to say, *sufficient numbers will always be found to supply the wants of the nation.*

"There will be some difficulty, I acknowledge, in preserving equality of qualification, even though the examining boards be reduced from nineteen to three. I can see no mode so effectual, or so likely to preserve it, as by public examinations, and a frequent interchange of examiners as before suggested between

the three councils, which could be easily effected, as these officers ought, by sufficient salaries, to be rendered in a great measure independent of private practice, and, therefore, have their time exclusively devoted to the public service. Those of them, however, when called upon by the senate to leave their homes, may be recompensed by some additional allowance—abundant funds for their salaries and allowances being found in the fees arising from the examination and licensing of candidates."

After the copious extracts we have made, we trust it would be felt to be a work of superoregation to urge upon all who feel an interest in the welfare of the medical profession, a careful study of Mr. Carmichael's propositions.

POOR-LAW INTELLIGENCE.

BANDON UNION.

The workhouse of this union opened on Wednesday last for the reception of paupers. It is the general opinion, if the law work, that the collection of the poor rate must be on the plan of the county rate. The culinary department and infirmary arrangements of the workhouse have been condemned in no measured terms by the guardians. The immense boilers in the former, which cannot be worked, when there are only four paupers in the house; and the ridiculous *box* beds in the latter, which will not bear *public* description, are specimens of some wise-acre's inventive genius, in the commission—the plan of the latter, it is probable, was left to that learned pundit, Dr. Phelan, as the great medical authority of the Irish board.—*Cork Constitution.*

NORTH DUBLIN UNION.

At the weekly meeting of the guardians, held on the 24th ult., the chairman read the following:—

"The medical officers regret to observe that the same system of overcrowding the inmates, which proved so injurious last winter by the development of scrofula, is commencing at present. If fever were to break out in the institution the board would immediately become alarmed, and justly so. But scrofulous diseases, although not so terrific to the observers, are equally destructive to human life. The progress is slow and silent, but certain in its results—destroying the happiness of the individual, and ending in deformity, even if they escape the immediate effects."

Captain Cottingham said that a committee of the board had been appointed to inspect the buildings, and see whether enlarged accommodation could not be made. They reported that there should be a fever hospital erected, but the commissioners did not agree to that. Now, if fever were to break out in the institution let the responsibility rest with the commissioners—men who, having no experience themselves as to the matter, rejected the opinions of the guardians, who were fully qualified to enlighten them.

Mr. Hall—What enlightenment to the commissioners do you mean?

Captain Cottingham—That they would listen to the opinions of experienced persons.

Mr. Hall thought that the commissioners had acted in the matter as Captain Cottingham himself would have done under the same circumstances. Not residing here themselves, they had made every necessary inquiry on the subject, and had acted on the information they received.

The Chairman—All they asked of the commissioners was, to be allowed to remove the patients into an insulated building. They (the guardians) did think at the time, and they thought so still, that the house could not always remain free from fever; and in this the opinion of the medical officers was the same as their's. However, the commissioners thought otherwise; but the opinion of the board remained unchanged.

The subject dropped here.

MORTALITY AMONGST THE INFANT CHILDREN.

Mr. Roper said he had on that day fortnight given the following notice:—

"As it appears by our books, out of one hundred infants admitted into this house from the 11th of May, 1840, to the 1st of May, 1841, that fifty have been discharged at different periods, having been on an average three months and eighteen days in the house, and that forty-five have died here, having been on an average four months in the house; that but six children out of the one hundred appear by our books to have been in bad health at the time of their admission, and that but five out of the fifty not discharged are now alive in the house, resolved—that it is the duty of this board to have a full investigation as to the cause of this mortality, whether it arose from any neglect or want of arrangement in the house, or whether it arose from the system directed by the poor-law act."

Mr. Roper believed it was then 15 months back since he had started the point as to the necessity of having the infant children nursed out of the house. A considerable division of opinion on the subject took place at the time, it being contended by some that it was not competent in them to do so, as it struck at a vital principle of the poor-law act in regard to out-door relief; and that it would, at all events, be better to wait until it should be ascertained what could be done by having the children nursed in the house. He dropped the matter until he should see how facts might arise to warrant the course most proper to be adopted. Well, these facts had arisen, as shown by the returns in his notice, and they were such, as he submitted, called imperatively for a change in the present system. He should add that these facts enormously exceeded any which he could have anticipated in the first instance. Whoever would make inquiry in any institution in any part of the world where the object was that of rearing up children in health and bringing them so to maturity, would find that it never could be carried into effect in such a place as within the walls of a workhouse.—In political economy many extraordinary doctrines were broached on the subject of preventing excessive population. What might be the opinion of the gentlemen at Somerset-house on this point he could not say, but if the principal poor-law commissioners' object was to sustain existence, not curtail it, they would find on inquiry into the records of all countries that the new workhouse law, however it might be applicable to adults, was, as regarded infants, inhuman, barbarous, and destructive of life. He referred to the Foundling Hospital, formerly in this city, in which no less than 19,400 infants died in the space of ten years, while it was attempted to nurse the children in the house, and they were only sent out to be nursed in the country when it was found by the extensive mortality amongst them it was actually murderous to keep them in the establishment. The speaker having referred to several authorities in support of his observations, proceeded to say that with such facts before them were they to continue with their eyes open to receive infants but to bury them within the walls of the institution? Were they, he would ask, to go on day after day, week after week, and month after month, propping up this poor-law act by admitting children merely to die in the workhouse? He contended that, independently of health, there would be economy in sending the children to be nursed in the country. In the returns he had, was contained the startling fact of 100 orphan

infants admitted, all of whom but five were disposed of and for ever (hear, hear). He would tell them that if they did not take the most prompt and vigorous measures to have such a system altered, they would be cold-blooded participators in its evils. He knew that many were in the habit of telling poor women in the streets, who had children with them and asked for alms, to go to the workhouse. He used himself at one time bid them do so, but their answer was that to go in there would be only to bury their children, and he since found that the correctness of that answer was fully borne out. All he asked for was that an inqury should be, without loss of time, instituted to ascertain whether the mortality arose out of any neglect in the establishment within, or whether the evil were not engrafted in the poor-law system itself; and if the latter, they were bound, as men and Christians, to bring the subject before those who were able to afford redress (hear, hear). If they (the board) went on conniving at the present system they would have to answer for its consequences. He would submit to the board an opinion of Dr. Malthus as one in point. That political economist said that if parties were desirous of curtailing population, and not solicitous as to the means of doing so, the most effective system that could possibly be adopted would be the instituting a number of Foundling Hospitals. In conclusion, he put it to the board not to let themselves be placarded as levying taxes off the public for the purpose of burying children within the walls of the workhouse.

Mr. O'Gorman seconded the motion.

Captain Cottingham spoke in support of it.

Mr. Hall had no objection whatever to the proposed inquiry being instituted, and the fuller it was made the better; but the expense of sending out the children would far exceed the present. He thought they should pause before coming to a resolution to recommend that (out-door nursing), which had been already most maturely considered and condemned as a bad principle. [By whom?—Ed. M. P.]

Mr. Roper moved that the inquiry should be made by a committee of the whole board, together with the medical officers—that the investigation should be a perfectly open one, with liberty to the commissioners to bring to it whomsoever they pleased, to be examined in support of the present system.

The question was put and agreed to *nem con.*—*Freeman's Journal.*

SOUTH DUBLIN UNION.

At the meeting of guardians held on the 25th ult., the chairman read the following report from the medical officers:—

"The medical officers have to state that the mortality has increased since their last report, many of the aged having died from affections of the chest. They would recommend that some place should be prepared for the paupers to wait in until they are admitted, as many of them lately admitted have suffered from severe illness in consequence of the exposed place in which they are at present obliged to remain, one of them having died a few days after admission. As the board are probably unaware of the crowded state of the house, particularly that part allotted to the children, and as it must materially affect their health, we would wish to speak to them on the subject."

The Assistant-Commissioner said he thought there were probably more paupers in the house than could be accommodated. It had been contemplated that 2,000 should be the outside number of paupers which the house could hold with convenience, and by the return before the board that day there were 2,107.

The Chairman—There are 2,187; for there were 80 admitted on Monday, which is not in the return. The winter season had now set in, and a remedy should be at once adopted to prevent the house from being too crowded.

Captain Nowlan said there ought not to be more than 1,400 in the house if the guardians discharged their duties properly. There were 800 persons in the house who had no right to have been admitted. He would move that the medical officers should be called in.

Mr. Reilly having seconded this, Doctors Lees and Shannon were sent for and attended.

Dr. Lees said he and Dr. Shannon wished to call the attention of the board to the exceedingly crowded state of the house, which he feared would be attended with very injurious results; and if some strict rule should not be observed, it would be impossible to correct the evil. It was calculated to produce great disease amongst the inmates. It was a very unpleasant thing for the medical officers to have observations made with regard to the unhealthy state of the house, when it should not be attributable to them but to the crowded state of the house.

Some observations were made with regard to the number of children who ought to be admitted into the house. It was stated that there were 637 children in the house on Monday last, since when twenty had been admitted.

Dr. Nalty said that it was reported on Monday last that there was no vacancy in the house, and yet twenty had been admitted.

Dr. Lees said he feared much the prevalence of fever and scrofula amongst the children, except some strict rule were adopted with respect to their admission.

The Assistant-Commissioner said he took the same view of the case with Captain Nowlan. He thought there were in the house a great number of persons who ought not to be in it. They had not, he thought, 2000 totally destitute persons in the house. [What then becomes of the celebrated work-house test?—Ed. M. P.]

Mr. Dickson said they could not have 2,000 of the most destitute persons, for probably the most destitute had not yet applied for admission.

Captain Nowlan objected most strongly to the admission of girls from sixteen to thirty years of age, who were in good health and well able to work. The house was crowded with girls within those ages, and he thought it was mistaken humanity to admit those persons. There were two children of six and eight years old who came to apply for admission on Monday week, without any recommendation from any guardian or warden, yet they were admitted; the consequence was, that, on the following Wednesday, they cried to be let out to their father and mother; and it was found out afterwards that they were well able to support them.

The Commissioner thought the responsibility rested in the board of guardians, and he did not think the medical officers should be held responsble for the health of the house if the board of guardians admitted more than the house could conveniently contain.

It was then resolved that a return should be made in a proper form by the master every Monday, and that no more should for the future be admitted than the house could hold with proper accommodation.

Capt. Nowlan gave the following notice of motion:

"That he would on Thursday, the 9th December inst., move the adoption of a petition to parliament, praying for an inquiry into the duties of the commissioners and assistant-commissioners appointed under the poor-law act; and also that the salaries of those officers be more in proportion to the duties they have to perform than is at present the case."—*Saunders.*

MR. DENIS PHELAN.

We received the following communication late on Saturday evening:—

TO THE EDITORS OF THE MEDICAL PRESS.

"Williams Park, Rathmines, Nov. 26, 1841.

"GENTLEMEN—In reference to the following editorial article, in the last number of the DUBLIN MEDICAL PRESS—'we have learned that Mr. Denis Phelan has been boasting among his acquaintance, that he has received a *direct* communication from the Home Office, (from Sir James Graham,) directing him (Mr. Denis Phelan,) to draw up a Medical Charities Bill, and to include in it, provisions for regulating the County Infirmaries of Ireland.' I beg leave to inform you, that I neither *boasted*, nor *mentioned*, that I had received any such communication. The assertion that I did so is, therefore, a pure fabrication, and the 'rumour' is perfectly groundless."

[Mr. Phelan asserts, that he neither *boasted* nor *mentioned;* perhaps, according to his vocabulary, these words do not include a communication in writing to the effect alluded to. By the way, we are still at a loss to know whether Mr. Phelan means it to be understood that he did, or did not get a direct communication from Sir J. Graham: the foregoing passage is studiously ambiguous upon this point.—ED. M. P.]

"As you state that you 'have learned' that I have been *boasting* on the subject, it is in your power, if so disposed, to inform your readers, *from whom you did learn it.*"

[Here Mr. Denis Phelan is quite right: it *is* in our power to inform our readers on the subject; but at present we shall content ourselves with asking Mr. Denis Phelan; "has he not a confidential correspondent in the City of Cork, who, upon other occasions besides the present, has screened him from the consequences of his *boastings* and *mentionings*, by acting as the organ of their communication to the profession?"—ED. M. P.]

"Should you not promptly do so, no small portion of the profession may, perhaps, be disposed to suspect that this is another *hoax* practised by *some* party which is anxious to prejudice the Infirmary Surgeons against the Poor Law Commissioners, and, particularly, against the same 'Mr. Denis Phelan.'"

[We cannot help thinking that Mr. Denis Phelan has not shewn his usual craftiness in touching upon this subject. He, no doubt, alludes to the alleged forgery of a circular letter, calling the Infirmary Surgeons to a conference with his colleague, Mr. George Nicholls. We now take the opportunity of expressing our firm conviction, that the aforesaid circular was no forgery at all; but the genuine production of the poor-law office; and had we been in Ireland at the time, we do not doubt that we should have been able, to prove satisfactorily that such was the case.—ED. M. P.]

"The profession, and, even, the Infirmary Surgeons, may then be induced to consider whether the means used to excite, and to keep up angry feelings be fair and legitimate. If they come to the conclusion that they are not, but that, on the contrary, apparently strong prejudices, and downright personalities are but too often substituted for arguments, and for facts, by the Editors of the DUBLIN MEDICAL PRESS, the profession at large, even including, I have good reason to know, several of the Infirmary Surgeons themselves, will probably perceive the necessity of examining, and of discussing the subject of medical charities, or any portion of it in a more rational manner, and in one which becomes its own dignity and importance.

"In the same number of the MEDICAL PRESS, you give the animadversions of an *anonymous* correspondent of the *Leinster Express*, on the report made by my colleagues and myself on the Athy Fever Hospital; and you conclude by observing—'we are not in possession of the name of the writer, but we have some reason to believe that he will be forthcoming to support his allegations, should they, (as undoubtedly they ought,) become the subject of a government investigation.'

"I so heartily despise anonymous attacks, one, especially of the character of that to which you allude that I am perfectly insensible to them on subjects on which I am officially engaged; but I beg leave to observe that, should *any* enquiry take place respecting this portion of our report, I shall shew that it is *in every essential respect correct*, and that, with the exception of one *very unimportant* particular, *all the facts* therein stated will be fully proved.

"I have also to inform you that, as I am perfectly conscious of having, to the best of my abilities, discharged my duties impartially and faithfully, I fear no inquiry into any part of my conduct, and that I totally disregard all threats on that head, come from what quarter they may."

[Mr. Denis Phelan appears here, to have forgotten the proverbial advice, "Not to hollo, 'til you're out of the wood." A scapegoat so convenient as unfortunate Mr. Stanley may not always be at hand: we believe it is already proved that a government capable of tolerating such an outrage as the dismissal of Mr. Skeffington Armstrong, for the crime of giving honest testimony, to the inconvenience of his chiefs, may not have a lease for ever of the power of doing mischief. ED. M. P.]

"As you have taken no small pains to represent me as a person *unfit* and *incompetent* to discharge the duties on which I have been engaged, I am induced to advert to two circumstances, on which your conduct has been very strange, indeed.

"It is notorious that I was appointed to office merely because I was considered to possess a more intimate knowledge of the state of the medical charities than any other in Ireland—the *test* of that knowledge being the publication by me of the only original work ever produced on that subject, and a full confirmation of its general accuracy, in point of facts and of suggestions, by the subsequently published reports of the four medical men employed by the Irish poor inquiry commissioners. If this work be such as you describe, why have you not *proved* it to be so? It is not for want of will, surely: your silence, therefore, though negatively, yet strongly, confirms the favourable opinion entertained by those who appointed me."

[When penning this modest paragraph, Mr. Denis Phelan, no doubt, alluded to a declaration made on oath by his friend Mr. George Nicholls, to the effect that he had appointed Mr. Denis Phelan *because he had written a book.* Mr. George Nicholls, no doubt, thought so; but we believe his opinion was not shared by a single member of the august assembly before which it was stated; every noble lord present on that humiliating occasion, as well as every man in the country who knew anything about the matter, being fully aware that Mr. Denis Phelan owed his appointment to his services as a political partizan, and to no other cause. Mr. Phelan is displeased because we have not abused his book, and appears to think that we could find no occasion for doing so. There is another reason for our silence, which might have suggested itself to Mr. Phelan's mind—the utter insignificance, in our opinion, of his *magnum opus.*—ED. M. P.]

"You have also *asserted* that the report on medical charities, is undeserving of attention. And is this, really all the information which you are able to give the profession in respect to a measure which proposes to change the whole fiscal, and much of the other machinery of all the fever hospitals and dispensaries in Ireland? Many, however, in the profession, and others out of it, appear to differ widely with you. It is, at all events, a document that *may possibly* induce parliament to make important alterations in respect to these institutions. That document has been in your possession since June last; yet, you have not to this moment, shown that it is in any respect, incorrect in point of fact, or of opinion. You have not *even attempted* to satisfy your readers, that the principles on which remedial measures are therein suggested to be grounded, are either unsound or inapplicable, nor that the details by which these principles are proposed to be carried out, are inadequate or impracticable. If your assertions and your opinions coincide, it appears strange that you could not find arguments to *prove* them. If they do not, many think that you should *honestly* and at once admit the force of conviction."

[Patience, good Mr. Phelan! you may possibly yet hear more about your report, than will be quite agreeable; there is a time for all things. Ed. M. P.]

"I have purposely introduced these two subjects, with the view of observing that, examine these documents when you will, I defy you to find in either a line or an opinion which, directly, or indirectly, reflects on the medical profession, or one which is not studiously intended to benefit that profession as a whole, to protect, and to advance its interests and its respectability, by such a machinery as would most benefit the public and the sick poor. Were any of a different nature contained in either, they would have been long since discovered and commented on."

[Mr. Denis Phelan may not have committed himself in his report by any statement reflecting in direct terms on the medical profession. We do not believe him to be so little of a tactician as to make this glaring mistake. It is enough for us, however, that in the report in question (which by the way appears to rival his great book in Mr. Phelan's affections), he has recommended the medical charities to be placed under the controul of the poor-law commissioners. A more direct step towards the degradation of the medical profession, could not be taken, than one which would, in any degree, place them in the power of Mr. George Nicholls, and Mr. Denis Phelan—the men who devised the shilling contracts for vaccination—the men who perilled their own official existence in a quarrel with the Newcastle board of guardians, for daring to pay their physician and apothecary a total of £75 a-year—the men who, to excuse their refusal to comply with the desire of the South Dublin guardians, to give a moderate remuneration to their medical officers, recommended that the resident apothecary should be employed to do their duty, (see Mr. Phelan's letter in the Medical Press, Vol. VI., p. 220.) or that the duties of the physician and surgeon should be consolidated, and put up to public competition, (*Op. Cit.* p. 300.) We thought we had "long since discovered and commented" *usque ad nauseam*, upon these and such like matters; but it seems Mr. Denis Phelan is still gluttonous of punishment.—Ed. M. P.]

"Requesting the insertion of this letter in your next publication, I have the honour to remain your very obedient humble servant,

DENIS PHELAN, M.R.C.S.L., and A.P.L.C."

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, Nov. 11.—Council met.

The Treasurer reported the receipt of the following sums;—

Dr. Purcell, Carrick-on-Suir—subscription, 10s.; donation, £1.

Thursday, Nov. 18.—Council met.

—— Irwin, Esq., M.D., Camolin, admitted a member; and Treasurer acknowledged the receipt of his subscription.

Letter read from Dr. Kingsley respecting the amount of a coroner's order being diminished by the magistrates at road sessions.

Requested that the Secretary do reply to Doctor Kingsley.

Letter read from Dr. Thomas Kane, Limerick.

Thursday, November 25.—Resolved—That Drs. Corbett and Wood be requested, to wait upon Lord Bernard, candidate for the borough of Bandon, to explain to his Lordship the objects of the union, and to request his support in the event of his being returned to parliament.

Drs. Benson and Nugent, and the Secretary reported that they had waited upon Mr. Lucas for the purpose of calling the attention of the government to the present state of the law with respect to Coroners. The deputation which was received with the utmost kindness by Mr. Lucas, laid before that gentleman a statement of the cases of Mr. Desmond, Dr. Thornhill, and Dr. Purefoy, as examples of the evils to which the public and the profession are subjected by the present system—and pointed out as the necessary remedies, an alteration in the qualification, mode of election, and payment of Coroners, whereby the respectability of that office would be encreased; also an alteration in the mode of payment of medical witnesses so as to make the Coroner's order absolute, and thus prevent any interference on the part of presenting sessions or grand juries. Mr. Lucas admitted the necessity of some such changes, and requested a written memorial on the subject from the council, promising that in arranging a measure on the subject, which is likely to be brought forward next session, full weight shall be given to the recommendations of the Medical Profession.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 1, 1841.

MORE DEMANDS FOR CHEAP MEDICAL SERVICES.

In our publication of last week, we reported without comment, the observations of Mr. Justice Perrin respecting the payment of medical witnesses at coroners' inquests. We have now to make a few observations thereon, because it is another example of the prevalent feeling to lower the medical profession in public estimation, and to withhold from its members adequate remuneration for their public services. We must confess that of all men, we least expected such opinions from Mr. Perrin, because we have reason for believing that he entertains none of that vile spirit which instigates sordid and narrow minded persons, to undervalue public services, of medical men, in revenge for having been compelled in the hour of

danger, to pay for their assistance in private, a spirit or feeling which we have no hesitation whatever in here publicly stating, we firmly believe to be the motive which on many occasions has elicited the zealous interference of individuals, to lower the rate of remuneration of physicians or surgeons for official duties, under pretence of enforcing economy in the expenditure of public money. Mr. Justice Perrin is on the contrary, from his known opinions, habits, and connexions with our profession, to be acquitted of such motives, and we may add, that he belongs to a profession, which of all classes of society is least obnoxious to any such imputation. The gentlemen of the bar know too well the necessity of securing valuable services by adequate payment, and appreciate professional dignity too correctly to wish to lower it in others. We are not surprised to find a flaming patriot like the captain, who figured on the same occasion, insisting that the first doctor who came to hand, should be employed "to save carhire" but we are indeed surprised to find one of the judges of the land, and that Judge Mr. Perrin, giving weight to the opinions of a person so incapable of judging on such a subject.

We are fully aware that the doctrine first broached by the unfeeling executioners of an unfeeling law, the poor-law commissioners, had found advocates even in high quarters, the vile, unjust, and impolitic doctrine that the public services of medical practitioners, should be accepted, even though it should be obvious that no man could afford them for the low terms offered; but we have no hesitation in denouncing such doctrine, and declaring the practice to be a disgrace to those who resort to it. What does it come to but this?—we find these people peculiarly circumstanced, entangled in difficulties, and struggling with adversity, and we will profit by their misfortunes. True we admit, that we do not pay the value for the article purchased, but that is nothing to us: we want cheap goods, and we care not how many become bankrupt, provided we can find such in the market. Pretty political economy this, well worthy of the rascally pettifoggers and needy charlatans who adopt it; but most unworthy of generous or enlightened minds; most unworthy of such a man as Mr. Justice Perrin.

In the report to which we allude it is stated, that Mr. Justice Perrin objected to the payment of three guineas to a surgeon for attending an inquest, and making an anatomical examination of the body. Upon what grounds we should be glad to know? Is it that the service performed was not value for the sum claimed? This comes with a very bad grace indeed, from one of a profession, whose members value their own services so highly, very badly from one who knows that if he lived at the same distance from town, he should pay his physician or surgeon five guineas for merely going out to visit him. But there is just the same reason for paying a competent medical practitioner well for the performance of this very duty that there is for paying Mr. Justice Perrin himself, the large salary that he receives. And although this is not felt or acted on, yet it is clearly the principle to be kept in view. In all doubtful cases, or where suspicions exist, as to malpractices having been resorted to, the verdict of the jury must mainly depend on the medical evidence. It is, therefore, highly expedient that such evidence should be the best and purest. If experience has proved that one of the means necessary to secure the integrity of a judge is, to place him beyond the reach of pecuniary temptation, it also proves, that the medical witness who is to decide the fate of an accused person, should be similarly circumstanced. But it is vain to write in this strain on such a subject. The whole system of inquiry by inquest, as to the causes of death, is a deep disgrace to the jurisprudence of the country, better calculated to screen than detect the perpetrators of crime, and more effectual toward the promotion of fraud and perjury, than the eliciting of truth and detection of guilt. We wish with all our hearts, that the foul practices which it encourages, were confined to others, and that our profession should not be called on to participate in them. Most gladly would we relinquish the paltry remuneration which the system affords, to escape the contamination it entails.

ON THE TREATMENT OF POISONING BY ARSENIOUS ACID.

BY M. ORFILA.

In consequence of a letter addressed to the Academy of Medicine, by M. Rognetta, on the 19th March, 1839, a series of experiments were performed, tending to establish that poisoning by arsenious acid should be treated with tonic and stimulants, (see MEDICAL PRESS, Vol. V.) M. Orfila has repeated these experiments to the number of 157, and the following are the conclusions of his very lengthened and elaborate paper.

1. Poisoning with arsenious acid is *ceteris paribus*, more difficult to be cured when the poison is dissolved in water than when it is in the solid state, absorption being much slower in the latter case.

2. Pulverised arsenious acid applied to the subcutaneous cellular tissue of the thigh of a dog, is obviously more energetic than when introduced into the stomach in the same form and quantity, whether the animals do or do not vomit. Consequently poisoning from ingestion of the acid is more easily treated than that consequent on its introduction into the cellular tissue.

3. All dogs without exception, die in from twenty-four to thirty-six hours, *if merely submitted to the treatment recommended by some Italian physicians, especially M Rognetta*, as the most suitable for curing the effects of poisoning by arsenic. This treatment consists in administering at intervals of three hours, five or six doses of a mixture, composed as follows:—Broth 120 grammes, brandy 64 grammes, as much wine and a few drops of laudanum. Even half the preceding quantity of wine and brandy is sufficient to kill these animals. A similar dose would, it is true, be less prejudicial to the human subject, as man bears alcoholic liquors much better.

4. If we want to study the effects of any particular plan of treatment on dogs poisoned with arsenious acid or any other poison introduced into the stomach, we can, without, in the least disturbing the results, detach the œsophagus and keep it tied during thirty or thirty-six hours; in fact, animals thus treated, eat and drink with appetite, shortly after the removal of the ligature. Further indeed, experiments on poisoning cannot yield complete and certain results, unless the œsophagus has been tied, whether the object be to determine in what degree the substance is poisonous, or to appreciate the action of any given plan of treatment in any given kind of poisoning. The objections then raised by Giacomini, merely shew that he has never practised the operation in question.

5. *Arsenious Acid in Powder.*—Ten centigrammes (two grains) of *pulverised* arsenious acid applied to the sub-cutaneous cellular tissue of the thigh of mid-

dle sized dogs is constantly mortal, whether the animal be abandoned to nature, or treated with a tonic stimulant and narcotic mixture, or bled. Diuretics on the contrary, if they succeed in making the animal pass urine copiously, act in the most favourable manner and constantly cure the poisoning, because they eliminate from the system, during the early period of the disease the arsenic which has been absorbed and conveyed into all the tissues.

6. From thirty to forty centigrammes *finely pulverised arsenious acid*, introduced into the stomachs of dogs never causes death, even though no treatment whatever be adopted, provided the animal vomits repeatedly, shortly after the ingestion of the poison.—The reverse however occurs if the œsophagus is tied, if for a few hours only.

7. Animals that have swallowed 30, 50, or 60 centigrammes of arsenious acid, *finally powdered*, almost constantly recover after administration of a few doses of broth mixed with alcohol, *provided they vomit several times after the ingestion of the poison.* This result cannot be attributed to the sthenic action of the medicine, inasmuch as the simple ingestion of tepid water effected the same object with even more certainty. Whenever the spirituous mixture acts as an emetic, the animal recovers more rapidly, as might be anticipated.

If the œsophagus be tied for merely a few hours previous to the ingection of the spirituous potion, death usually results; and if a few animals thus circumstanced recover, it is only when vomiting occurs immediately after the removal of the ligature from the œsophagus; or else when the animal has passed a prodigious quantity of urine under the influence of the tonic medicines.

8. Dogs poisoned with 30, 50, or 60 centigrammes of arsenious acid *in powder*, and treated with a strong decoction of cinchona, all die if the œsophagus is tied for 10 or 15 hours.

9. Animals left at liberty to vomit, recover if merely treated with *tepid water*, even when they have swallowed 100 centigrammes of solid arsenious acid, provided they vomit several times, and soon after the ingestion of that fluid, the administration of which may be deferred for several hours.

10. Many dogs poisoned with 20, 30, or 50 centigrammes of *solid* arsenious acid recover under *venesection*, even when the œsophagus has been kept tied during 3, 4, or 5 hours, provided the animals pass a tolerable quantity of urine.

11. *Arsenious acid dissolved in water.*—A dog uniformly perishes after swallowing 25 centigrammes of arsenious acid *dissolved in water*, if they remain one hour and a half without vomiting, and be left without treatment; a certain number of those that vomit 5, 10, 15, 20, or 25 minutes after the ingestion of the poison, especially those that vomit most freely, recover.

12. The tonic and stimulant potion does not prevent the recovery of dogs poisoned with 25 centigrammes of arsenious acid dissolved in water, provided vomiting occurs a few minutes after the ingestion of the poison; but if vomiting does not occur within one hour and a half after such ingestion, *the animals all die without exception*, whatever may be the mode or quantity in which the tonic potion is administered.

13. All dogs poisoned with 25 or 30 centigrammes of arsenious acid, *dissolved in water*, that vomit copiously a few minutes after ingesting the poison, recover often after a few hours, *under the mere administration of tepid water*, even if that liquid be given to them for the first time one or two hours after the ingestion of the poison.

14. Dogs placed in preceding category recover as readily under the simultaneous influence of tepid water and *venesection*. Venesection then, even if useless, is harmless.

15. Colcothar should never be employed as an antidote to arsenious acid, as it does not sensibly neutralize that poison, even in an exorbitant dose.

16. Dry *hydrate* of the sesqui-oxide of iron, absorbs and neutralises a considerable quantity of arsenious acid, forming a sub-arsenite of iron, which is poisonous, but less deleterious than arsenious acid: the injurious effects of this sub-salt evidently depend on its decomposition by the acids of the stomach, and the absorption of the arsenious acid thus set free.

17. The administration of *dry hydrate* of sesquioxide of iron, diffused through water, is consequently useful, especially if vomiting be excited; because then, independently of the portion of poison expelled *in the state of arsenious acid*, a portion of the *sub-arsenite of iron* formed in the stomach, which contains a considerable quantity of arsenious acid, is also rejected.

18. There is little reason to dread the presence in the stomach of the sub-arsenite of iron, even when vomiting does not occur; for poisonous though that salt be, yet, according as it is decomposed by the acids of the stomach, the arsenious acid set free is seized on and neutralised by another portion of the sesqui-oxide of iron, which is, of course, always employed in large quantity.

19. *Tartar Emetic.*—Animals poisoned with *solid tartar emetic applied to the subcutaneous cellular tissue*, in quantity greater than would be sufficient to cause death, all recover if caused to urinate copiously, by the administration of aqueous and diuretic fluids.

20. The urine passed by animals poisoned with arsenious acid or tartar emetic, constantly contains arsenic or antimony; and their viscera contain the less of these poisons the more abundant the secretion of urine.

21. When arsenious acid has been swallowed in a poisonous dose, the physician should endeavour to excite vomiting speedily, and administer at short intervals 4 or 6 grammes of *dry* hydrate of sesquioxide of iron (not colcothar) bruised and diffused through 40 or 50 grammes of water. If summoned several hours after the poison has been ingested, when there is reason to suppose that the poison is still in the intestinal canal, and there have been no alvine evacuations, 50 or 60 grammes of castor oil should be administered, and its purgative action aided by an injection of water. If there is reason to suppose that the greater portion of the arsenious acid has been neutralised and expelled by vomiting or by stool, mild diuretic liquids should be administered copiously with the view of expelling with the urine the portion of the poison that has been absorbed and deposited in the tissues. Diuretic liquids if administered during the first period of the poisoning, would be seriously injurious, as they would dissolve the poison, and thus favour its absorption. Venesection should be employed whenever symptoms of reaction exist, both because of the results of experiments detailed in this paper, and because its utility is proved by the experience of ages. Tonics and stimulants should be *strictly prohibited* as they are useless, and may be injurious; the facts supposed to sanction their use, are utterly insignificant.

22. There is every reason to suppose (the fact being established with regard to arsenious acid and tartar emetic) that great advantages may be derived from diluents, *employed at the proper period*, in numerous cases of poisoning, where mineral or vegetable poisons have been absorbed; as the whole, or a great part of the poison may be thus eliminated from the system through the medium of the urine.—*Archives de Medicine.*

PROMOTIONS.

CIVIL.—Downpatrick Infirmary—Philip E. Brabazon, M.D., has been appointed Surgeon, in the room of Dr. Buchanan, deceased.

The Minister of Agriculture and Commerce, has presented a medal to M. Renault, Supervisor of Vaccination at Orne, as a testimony of his zeal in propagating the blessings of that great discovery in this district.—*Gazette des Hopitaux.*

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Nov. 21,	44.5	35	29.100	.190
Monday	22d,	44	38	29.150	.180
Tuesday	23d,	42	34	29.600	
Wednesday	24th,	42	35	29.872	.015
Thursday	25th,	41	30.5	29.900	.006
Friday	26th,	42	30	29.720	.007
Saturday	27th,	44	40	29.550	

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"On a recent occasion we had the pleasure of introducing to the favourable notice of our readers, 'Dr. Churchill's Outlines of the Principal Diseases of Females.' The volume then under review included only such affections of the female as occur independently of gestation and parturition; in that now before us, which, strictly speaking, is a continuation of the same work, the author, in completion of the plan originally proposed, considers such diseases as are incident to pregnancy and child-bed.

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"SALUS POPULI SUPREMA LEX.

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SURGICAL SOCIETY OF IRELAND.

SATURDAY, NOV. 27, 1841.

Professor BENSON in the Chair.

PERMANENT RETRACTION OF THE FINGERS.

Dr. BELLINGHAM said—

The case to which I wish to call the attention of the society is one of a peculiar disease, to which the hand is liable, which has been described by several continental writers, but which appears to have been scarcely noticed in any work upon British surgery, with the exception of the article by Mr. Adams, in the *Cyclopœdia of Anatomy*, under the head, abnormal conditions of the hand.

The disease consists in an incapability of extending, or rather in a state of permanent flexion or contraction of one or more of the fingers, which comes on spontaneously, and arrives at an extreme degree, without occasioning any pain to the patient, but produces a deformity which is often a source of considerable inconvenience to the individual the subject of it.

Andrew Murphy, aged 44, a coachman, admitted into St. Vincent's Hospital, September 18th, 1841, labouring under permanent retraction of the little fingers of both hands, and of the ring finger of the left hand. The disease commenced about eight or nine years ago in the little finger of the right hand, It gradually increased until the phalanges of the little finger were drawn towards the metacarpal bone, so that its tip rested against the palm of the hand; the first phalanx is also contracted on the second, there is no contraction of the last phalanx; he has never suffered pain in the part, unless in attempts to extend it.

About a year ago the same affection commenced in the little finger of the left hand, also without pain, and within a few months the ring finger has begun to be engaged; on account of its rapid progress on the side last affected, he feared that he should lose the use of his hand altogether, and sought advice from my friend Dr. Peebles, who advised him to go into hospital, and he was admitted under my care.

The first phalanx of the little finger of the left hand is flexed at a right angle with the metacarpal bone; the second phalanx is also flexed upon the first; the last phalanx is not engaged; the first phalanx of the ring finger is semiflexed upon the metacarpal bone. It is quite impossible to extend the fingers; on attempting to do so, much pain is experienced, and a band which extends from the palm to the first and second phalanx of the little finger is made more prominent and tense, this band is most tense at the site of the transverse fold, which the skin of the palm naturally makes upon the ulnar side: indeed in this place the integuments and sub-cutaneous cellular tissue appear to be firmly united together, and the skin itself is dry, hard, rigid, and unyeilding.

The contracted state of the little finger of the right hand did not prevent him from following his employment, but that upon the left side interfered so much, that he was willing to submit to any operation, by which he might be relieved.

The first writer who appears to have described this affection is Boyer: in the 11th volume of his surgery he observes—"The fingers, and particularly the three last, are liable to a peculiar permanent contraction, which is often an infirmity of old age, is seen occasionally in the adult, but never in young subjects. The fingers gradually become flexed, and the individual loses the power of extending them, the tendons of the flexor muscles elevate the skin, which forms transverse folds, thickens, becomes hard, and eventually adherent to them. The resistance to the extension of the fingers is such, that the tendons would break rather than yield. The affection usually commences in the little finger, soon extends to the ring finger, and sometimes to the middle finger; but though I have seen it (he says), a great number of times, I have never observed it to extend to the index finger, or the thumb.

Dupuytren, however, was the first writer who particularly called the attention of the profession to the subject. In his "Leçons Orales," a work which I regret has not yet been translated into English, he has left us the following description of this disease and of its progress.

"This affection usually commences in the *ring finger*, from which it extends to those next it, and particularly to the little finger; the patient is sensible at first of a little stiffness in the palm of the hand, and a difficulty in perfectly extending the fingers;

they soon become flexed in a greater or less degree and sometimes to such an extent, that the free extremity of the finger touches the palm of the hand. From the commencement a cord is felt upon the palmar surface of the fingers, which becomes more tense when attempts are made to straighten the fingers, and which disappears nearly altogether when they are completely flexed; it has a rounded form, its most prominent part forms a kind of bridge, the extremities of which terminate insensibly, one at the second phalanx of the finger, the other in the centre of the palm of the hand; the integuments of the palm are thrown into crescentic folds, the concavity of which looks towards the fingers. These symptoms are confined for some time to the finger primarily affected, but sooner or later they extend to the next finger, in which, however, the affection is always less marked. The disease commences, becomes developed, and reaches its highest degree, without the patient suffering any pain."

Seat of the Disease.—About the seat of this affection, and the parts which are engaged in causing the contraction, authors differ: Boyer attributed it to a shortened, rigid, or dry state of the tendons, and of the skin; Dupuytren to disease of the palmar aponeurosis, and of the processes which it sends to the sides of the phalanges of the fingers, which become thickened, contracted, and tense; to this latter opinion also Mr. Adams appears to lean. M. Goyrand asserts, that it never depends upon a contracted state of the palmar fascia, but upon the developement of bands in the sub-cutaneous cellular tissue, or rather upon the transformation of the sub-cutaneous cellular tissue into fibrous bands, which extend from the palm of the hand to the fingers, and bind down the latter in an irregular position. According to Sanson and Velpeau, it may depend upon organic alteration of the palmar fascia, or contraction of the skin, or more frequently upon transformation of the subcutaneous cellular tissue into fibrous bands. In all cases, the bones and joints, the tendons and their sheaths are free from disease.

In the case of Murphy, the skin was decidedly engaged in the disease, and was firmly united to the sub-cutaneous cellular tissue, but whether the principal contraction depended upon the palmar aponeurosis, or the sub-cutaneous cellular tissue, it would be difficult to say; most probably both were altered from their normal condition, and contracted.

Causes of the Disease.—The causes of this disease are usually supposed to be long continued pressure, acting upon the palm of the hand; consequently, some trades or professions are more liable to it than others. Thus, of Dupuytren's patients, one was a person whose occupation consisted in piercing or tapping wine casks; another was a clerk in a public office, whose business it was to seal the letters, with a round handled seal; another was a coachman, in whose case the affection is referred to the constant pressure of the handle of his whip; and others were masons, gardeners, or ploughmen. If this cause however were sufficient for the production of the disease, it ought to be a much more common affection than it really is; the thumb and first finger ought to be as liable to it as the ring or little finger, as they are equally exposed to the kind of pressure which is supposed to bring it on: and why should the left hand be the first affected in some cases, or why should the disease after having arrived at a certain stage in the right, extend to the left hand? These objections prove, I think, that mere pressure, however long continued, would not be sufficient to bring it on. M. Goyrand seems to think, that a predisposition to this affection exists in some cases, depending upon a greater developement than natural of the sub-cutaneous cellular tissue, which afterwards forms the bands already alluded to; and his opinion acquires some weight from the disease so frequently attacking both hands.

Treatment.—As to the treatment of this disease, Boyer in the 11th volume of his surgical works (published in the year 1826), observes, that in consequence of this affection coming on slowly and gradually, and without any pain to the patient, it does not attract his attention at first, and it is only when it has arrived at an advanced stage, that he seeks advice, at which time it is without remedy. It has been proposed, he says, to expose the tendon, to divide it, or remove a portion, and then to maintain the finger in a permanently extended position, by means of a splint; but the success of such an operation (he adds) is uncertain: it probably has never been performed, and a prudent surgeon would be wise to avoid it.

Since Boyer's work was written, however, more than operation has been successfully practised, to remedy this deformity; that of Dupuytren appears to have been the earliest; he extended the fingers as far as possible, in order to make the parts tense, and then with a common scalpel made a transverse incision through the skin and fibrous band, at the place where its tension was greatest; if the finger could not be straightened, a second or a third transverse incision was made, parallel with the first: the wound was then dressed, and extension kept up by means of a straight splint and bandage.

M. Goyrand makes a *longitudinal* incision in the skin over each band, and then separating the lips of the wound, detaches the fibrous bands, and cuts them across, or dissects away a portion. The advantage which his operation presents, over that of Dupuytren's is that the longitudinal incisions can be healed by the first intention, and there is consequently less risk of inflammation extending to the sheaths of the tendons.

Both these operations, however, are severe, and cause a good deal of pain. Sir Astley Cooper observes in his lectures, that the fingers are sometimes contracted by a chronic inflammation of the theca and aponeurosis of the palm of the hand from excessive action of the hand in the use of the hammer, the oar, ploughing, &c. When the aponeurosis is the seat of the contraction, and the band is narrow, it may (he says) be divided by a pointed bistoury introduced through a small wound in the integuments; the finger can be then extended, and a splint applied to preserve it in the straight position; but when the theca is contracted, nothing should be attempted, as no operation or other means have succeeded. Sir Astley Cooper does not appear, however, to have ever practised the operation, as immediately after he says, that Mr. Bransby Cooper performed this operation with success upon the foot of a man in whom the toes were retracted.

The operation which I performed in this case, was upon the same principle as that proposed by Sir Astley Cooper. The hand being laid in the supine position upon a table, and held there by an assistant, extension of the fingers was made, by which the contracted portion was rendered prominent; a straight narrow knife was now introduced through the skin, upon the ulnar side of the palm, with its flat surfaces towards the skin and palmar aponeurosis, and carried across the fibrous band; its cutting edge was then turned downwards, and strong extension of the finger made, and the division was effected with a crackling noise; this not being found sufficient, after a few days it was divided in another place, and again a third time. On the last occasion the sub-cutaneous section was made at the point where the skin itself contributed to keep up the contraction; and in making the extension it gave way and converted the sub-cutaneous section into an open wound. No bad effect, however, re-

sulted; the finger could now be extended, a straight splint and bandage were applied, and permanent extension kept up; the wound healed in a few days, and the patient in a short time left the hospital.

Professor Williams said there was little doubt that contraction of the fingers might result from various pathological conditions, and that it was really surprising how few dissections of the affection had been performed, or at least recorded. It appeared from some recent discussions in the Academy of Medicine of Paris, that Dupuytren's account of the disease was not generally acquiesced in, mention being made during these discussions, of cases in which the flexor tendons of the fingers were divided with the view of remedying the deformity, a proceeding which, no matter what the cause of the affection might be, could but substitute one kind of deformity for another, and must fail in restoring the functions of the affected organ. As regarded the treatment of the disease, M. Bouvier had communicated to the French Academy, at least one case in which he had succeeded in remedying the deformity, without operation, by means of graduated extension. It would be important to determine what were the cases in which this method would be sufficient, and in what cases the operation should be resorted to. But it was still more important to determine if possible, in what cases interference of any kind was admissible. Dupuytren seemed to limit his operation to those cases which resulted from injury to, or long continued pressure on the palm of the hand, and forbad any interference where the affection depended on a general cause, where, for example, it appeared to be the result of, or to be connected with a gouty or rheumatic diathesis.

Mr. M'Coy mentioned the case of a modeller who received a small wound in the palmar fascia—the wound healed, but contraction of the fingers resulted. He thought that there were anatomical reasons why the index finger should not be so subject to the disease.

Mr. Power stated that he had dissected a hand in which the contraction existed to a considerable degree, he had found the disease not in the tendons, but in the nerves, the ulnar and median nerves being both diseased, he did not, however, know anything of the case.

Professor Williams said that the case to which Mr. Power alluded obviously depended on defective innervation, certain diseases of the nerves, of the brain, and of the spinal marrow, were it was well known commonly attended with permanent muscular contraction.

Dr. Bellingham said Professor Williams had stated that extension had succeeded in curing some cases of the affection under consideration. He considered that in such cases the disease must have been of short standing, as otherwise, extension would cause so much pain that it could not be persevered in.

INSTITUTE OF FRANCE.

November 15, 1841.

NEW RESEARCHES ON DIABETES MELLITUS. BY M. A. BOUCHARDAT.

In a previous memoir M. Bouchardat established a complete theory of diabetes mellitus, and established the connections which exist between the ingestion of feculent aliment and the production of saccarine urine in the disease termed diabetes mellitus (Glucosurié). It remained to establish the therapeutic indications that naturally flow from these previous researches, and to fulfil the yet more difficult task of obviating all the difficulties that occur during the treatment of this lamentable malady.

The first point was to induce the patients to abstain voluntarily and continuously from the use of common bread; most difficult task, as frequently, despite the most urgent injunctions, and the most scrupulous surveillance, the great majority of individuals yielded to the temptation previous to the termination of the treatment; the amelioration previously obtained then disappeared, the symptoms returned in an aggravated shape, tubercles formed in the lungs, and death put an end to both their physical and moral sufferings. These events enabled M. Bouchardat to ascertain that the sugar disappears from the urine during the few days preceding death. This fact, apparently indicating an amelioration, is however, easily explained, when we reflect that the patients abstain from all food, including of course feculent aliment, for some days previous to death. M. Bouchardat in his new researches, employed the polarisation apparatus of M. Biot. Two objects were principally kept in view:—

1st. To discover an aliment which would replace bread without producing its ill effects in diabetes.

2d. To restore the economy to its natural condition, profiting by the interesting experiments of the commission on gelatine, respecting the essentially nutritious properties of gluten. It immediately occurred to me, (says M. Bouchardat) to prepare with this substance an aliment which might be employed in lieu of bread. The difficulty of preparing gluten for daily use was an obstacle in the way, but it occurred to me that the Societe d'Encouragement had granted a prize to M. E. Martin for having isolated gluten during the preparation of starch. I therefore applied to this eminent manufacturer, who zealously entered into my views, but notwithstanding all his efforts, it was always necessary to add a fifth part of fecula to obtain a light bread and of an agreeable taste. This result, though not perfect, is yet a great improvement, for two hundred grammes of this bread with a sufficient allewance of flesh meat would constitute a sufficient diet, and the quantity of fecula ingested daily, would amount to but thirty-five grammes

The question of restoring the economy to its natural condition was a much more difficult one, for its solution required either one of those happy inspirations which are so rare, or an exact knowledge of the nature of the disease. In this case such a knowledge would suffice, as diabetes is not a malady connected with irreparable structural lesions; no organ essential to life is primitively affected. It is an aberration, but a rebellious aberration of the functions. Organic lesions, as pulmonary tubercles for example, are secondary. The primitive affection should be curable, and if it has not been so hitherto, the reason is that the true cause of the disease has escaped our investigation.

The following were the considerations which guided me. The acid secretion of the skin is suddenly and completely interrupted in diabetes; and here is one decided cuase of disturbance; the secretions of the mucous membrane, and of the glands of the digestive organs are altered in their chemical composition; as a consequence of this suppression of the cutaneous exhulation, they become almost completely acid in lieu of being alkaline.

Can we thence conclude that the superabundant aids in the digestive organs react on the fecula and change it into sugar? Certainly not, for I have long since ascertained that mineral or organic acids have no influence in converting fecula into sugar at the temperature at which digestion is effected. We must, however, bear in mind, that whenever the organic acids exist in considerable quantity, we simultaneously encounter that modification of albumen which acts in converting fecula into sugar; this occurs in the ripening of fruits. The same coincidence probably occurs in diabetes, and the origin of the disease is the suppression of perspiration, and the perversion of the

secretions of the mucous membrane, and glands of the digestive organs.

If this hypothesis be admitted, and observation and experience have clearly proved to me the reality of this perversion of secretion, the rational indication of treatment should be directed towards re-establishing the functions of the skin. I know that many fruitless attempts have been made in this direction. Thus, vapour baths have been recommended by Oribasius, Bardsley and many others, but I have never seen any evident benefit follow their use. The same is true with respect to sulphur baths, the hydrosulphuret of ammonia &c.

The means which have seemed to me most effectual in restoring the functions of the skin are, 1st. Woollen clothing, in quantity sufficient to keep up constant diaphoresis. 2d. The internal administration of ammonia and opium.

The following is an analysis of some cases detailed in the memoir:—

A young man, aged 18, diabetic for three years. The invasion of the disease was coincident with the suppression of an exanthema. He has been several times admitted to the Hotel Dieu. On each admission the disease was intense. Thirst extreme—appetite large—10 or 15 pints of urine limpid, saccharine, of sp. gr. 1.029–1.036 and containing about a kilogramme of sugar, were passed daily. Saliva acid—teeth black, many lost—abdomen prominent from distension of the intestines. He was emaciated and feeble. By abstinence from aliment containing fecula, and under a nutritious diet, his strength improved, he gained flesh and energy, but on each occasion he got tired of hospital, and he went out thinking that his cure was complete.

When last admitted (22 May) he was placed under the care of M. Roux. The following table contains a statement of the course of the disease during treatment.

Date.	Pouvoir Rotatoire	Longeur du Tube.	Proportion de Sucre par Litre.	Quantite d'Urine	Total Du Sucre.	Nourriture.
		Millim.	Gr.	Lit.	Gram.	
9 Juin.	8,5	306,0	65.38	9.25	601.76	Pain ordinaire, 680
14	6,5	307,0	50.00	4.50	225.00	Pain de gluten, 680
14	7,5	313,0	53.27	5.90	266.35	Pain ordinaire, 440
15 Juillet.	11,5	312,5	80.15	5.00	408.00	Id., 440
20	12,0	312,0	90.52	5.66	512.43	Id., 680
22	11,5	314,5	86.00	6.00	516.00	Id., 680
23	10,5	308,0	80.00	5.60	448.00	Id., 680
24	9,0	310,0	68.33	4.50	307.47	Pain de gluten, 660
25	9,0	310,0	68.33	6.00	409.98	Pain ordinaire, 440
27	9,0	315,0	67.40	4.00	269.60	Pain de gluten, 500
29	9,0	310,0	68.33	3.75	256.33	Id., 500
30	9,0	311,0	68.10	3.50	238.35	Id., 500
31	10,5	310,0	83.00	4 10	340.30	Pain ordinaire, 440
2 Août.	9,0	313,0	67.70	4.00	270.80	Pain de gluten, 500
5	10,0	303,0	77.70	3.00	233 10	Id., 500
16	10,0	318,0	74.71	3.00	224.13	Id., 500
21	7,0	311,0	52.65	3.10	163.21	Id., 500
1er Septemb.	10,0	317,0	74.34	2.75	204.33	Id., 500
11	9,0	311,0	68.01	2.25	153.22	Id., 500

2. A man aged 41, diabetic for about a year, was admitted to the Hotel Dieu 25 June, 1841. The following table gives a similar view of his case.

Date.	Pouvoir Rotatoire	Longeur du Tube.	Proportion de Sucre par Litre.	Quantite d'Urine.	Total Du Sucre.	Nourriture.
		Millim.	Gr.	Lit.	Gram.	
28 Juin.	13,0	316,5	99,50	4,20	417,90	Pain ordinaire, 680
3 Juillet.	13,75	313,0	103,00	4,25	437,75	Id., 680
15	12,5	309,0	96,50	4,50	434,25	Id., 680
17	12,5	309,0	96,50	4,30	414,95	Id., 680
21	11,0	315,0	82,19	4,50	328,76	Id., 680
22	13,0	312,0	98,08	4,20	421,94	Id., 680
23	13,0	305,0	100,00	3,10	310,00	Id., 680
24	13,0	313,0	97,75	4,00	391,00	Id., 680
25	11,0	312,0	83,00	4,25	352,75	Id., 680
27	12,0	303,0	94,86	3,25	307,29	Id., 680
28	11,0	309,0	83,81	3,00	251,43	Pain de gluten, 680
29	10,0	308,0	76,41	2,75	210,83	Id., 680
30	12,5	309,0	96,50	4,00	386,00	Pain ordinaire, 680
31	10,5	308,0	80,00	5,45	436,00	Id., 680
2 Août.	11,5	317,0	81,07	3,00	245,10	Pain de gluten, 680
4	11,5	318,5	80,10	2,50	200,25	Id., 680
9	13,5	309,50	106,00	4,00	424,00	Pain ordinaire, 680
12	11,5	317,0	80,12	2,25	181,37	Pain de gluten, 680
15	13,5	309,0	106,00	3,80	402,80	Pain ordinaire, 680
25	10,5	309,0	80,00	3,00	240,00	Pain de gluten, 680
29	9,0	312,5	68,35	3,50	255,22	Id., 680

It is right to observe, that several remedies had been inefficaciously employed in both those cases; opium and quinine in the first, iron in the second, and carbonate of ammonia in both.

As regards the administration of carbonate of ammonia, it is well to observe that the urine of both patients, was habitually acid, and this character was unaltered during the two first days of the administration of the carbonate of ammonia. After two or three days the urine became alcaline, which coincided with a slight augmentation of the quantity of the urine, and of the sugar.

The two following cases are examples of the urine of diabetic patients becoming perfectly natural, a circumstance of extreme rarity.

M. A., in the vigour of life, for about six months has suffered from extreme thirst, has passed much urine, and has sustained a daily diminution of flesh, strength, and energy. His sight has also deteriorated rapidly.

16th of August, he lived as usual, consuming daily about 500 grammes of bread. Passed about three litres of saccharine urine, dark coloured, of the odour of whey, of sp. gr. 1.032, rotatory power 7, the length of the tube being 313. It was thence concluded that the urine contained about 52 grammes of sugar per pint, and that the total amount of that principle passed in 24 hours, was about 168 grammes.

The treatment consisted in—1. Replacing ordinary bread by that prepared from gluten—2. Wearing a complete suit of new flannel—3. The use of a mixture containing 17 grammes of carbonate of ammonia, 20 grammes of rue, 20 grammes of syrup, and 100 grammes of water. In the evening a bolus of 2 grammes of theriacum, and 25 milligrammes of opium

was administered. These means caused abundant perspiration, which had been long suppressed; the thirst diminished as did also the quantity of urine.

This regimen was continued till the 18th, on which day the urine being examined was found acid, more highly coloured, and of a natural taste and smell; the quantity passed was somewhat above a pint, sp. gr. 1.010. Rotatory power, 0. No trace of sugar.

The regimen above mentioned, was continued, only that the gluten bread was suspended and the use of common bread resumed. On the 21st, the urine was examined. Odour and colour natural—quantity as before, but the sp. gr., was 1.028—Rotatory Power 5.5 the length of the tube being 309. The quantity of sugar then is about 40 gr. per litre, but the total passed in 24 hours is only about 62 gr.

Notwithstanding the re-appearance of sugar in the urine, the use of ordinary bread was persevered in, the clothing, however, was made still warmer, and the dose of carbonate of ammonia and of opium was doubled.

25th August, the urine was again examined. Rotatory power, 0. Sp. gr. 1.020. Quantity, characters, and composition natural.

27th. Characters of the urine unaltered. Sp. gr. 1.018. The diabetes is cured. Ten days treatment have sufficed to re-establish the functions of the skin, to restore the strength and energy, and what is very remarkable, vision is now as strong as ever.

M. A. an army surgeon, has laboured under diabetes during two years.

1st September, he consumes about 500 grammes of common bread daily—urine rather deep coloured—slight smell—sacharine—sp. gr. 1.036. Rotatory power 13, length of tube being 314.5 millimetres: thence the proportion of sugar per litre is 97.30. Quantity of urine, 3.50 litres, total amount of sugar in 24 hours, 340 gr. 55.

Gluten bread—flannel clothing—carbonate of ammonia, and opium were prescribed.

11th September, urine amber coloured, sp. gr. 1,030—odour natural—taste saline, slightly sweetish—Rotatory power, 8, length of tube 310—proportion of sugar per litre of urine, 60 gr. 76 quantity of urine about 2 litres. Total sugar 121 gr. 48.

The treatment was continued to the 23rd, when the urine was amber coloured, sp. gr. 1.032—smell natural—sweet taste gone—Rotatory power 5, length of tube 309. indicating 38 gr. 10 sugar per litre, or, about two litres being passed, 76. 80 sugar in the day.

The same treatment was continued till October 4. Density of urine then 1017. Rotatory power. 0 quantity 1¾ litre—composition natural.

Thus a month's treatment sufficed to restore the urine to its natural condition, and that under very unfavourable circumstances, as the disease had existed upwards of two years. We shall see however that we should not be too hasty in pronouncing an opinion, and that the cure was not yet permanent.

The treatment was continued with the exception that ordinary bread was allowed, in lieu of that made with gluten. 13th October, the urine was examined, its sp. gr. was 1030, (a circumstance of ill omen) smell and taste natural, quantity 1½ litre. Rotatory power, 4.5, length of tube 310—indicating 34 gram. 15 sugar per litre.

Warmer clothing was directed, and the same regimen continued. 22nd October, sp. gr. of urine, was 1024. Rotatory power, 0. Smell, taste, composition, natural. The desired result was thus attained, and the cure was not yet complete. In fact the urine being examined 5th November, presented a natural colour, smell, and taste, but its sp. gr. was 1032, its rotatory power 7.5 the length of the tube being 312 or 56 gr. 30 sugar per litre. Additional flannel clothing was directed, and the dose of the carbonate of ammonia was augmented to 2 gram. daily, and that of the extract of opium to 5 centigrammes.

5th October, smell, colour, and quantity of urine, natural; on cooling deposits uric acid. Sp. gr. 1034 rotatory power, 4, length of tube being 303 or 31.07, sugar per litre.

The treatment was continued 10th October, density of urine 1019. Rotatory power, 0. smell, colour, composition, natural.

The same means were still persevered in, and it is to be hoped, that the cure will be permanent despite the frequent slight returns of saccharine urine; for the accompanying symptoms, such as emaciation, debility, thirst, have so completely disappeared, that this case may be ranked amongst the most valuable that science possesses.

On the 15th November, the urine was again examined, and found to be natural.

At first sight it might seem that these four patients were all submitted to identical influences. They were all treated with gluten bread, and preparations of ammonia and opium, and yet the urine resumed its natural composition in the two last cases alone. The cause of this difference is, that flannel clothing was not employed in the two first cases, while it was employed in the two latter cases. The urine of the two first patients became alcaline under the influence of carbonate of ammonia, that salt was eliminated by the urine, and exerted no diaphoretic effect. In the two last cases the function of the skin was stimulated by the use of flannel, and the carbonate of ammonia did not pass into the urine, which remained constantly acid. When sugar re-appeared in the urine of M. A., additional flannel clothing was directed, so as to keep up constant diaphoresis and the case terminated successfully.

M. Bouchardat observes that these facts confirm the theory of diabetes, which he put forward in his former memoir; and afford a rational method of treatment for this disorder, which has been hitherto considered as incurable.—*Gazette des Hopitaux.*

EXTRACTS FROM PERIODICALS.

ON FLUCTUATING TUMORS OF THE PELVIS, TREATED BY PUNCTURE THROUGH THE VAGINA. BY M. HIPPOLYTE BOURDON.

The chief object of this paper is to call attention to the mode of treatment successfully applied by M. Recamier to fluctuating tumors of the pelvis; but it also contains many interesting considerations respecting the causes, diagnosis, &c., of these affections.

The tumours of which Bourdon treats are all those which occupy the pelvis, either primitively or secondarily, and are situated between the pelvic aponeurosis and brim of the pelvis, whether they pass the latter point or remain in the pelvis itself. They may be classified, according to their position, into *intra-peritoneal*, *extra-peritoneal*, and *intra-visceral*—*i. e.*, developed in parietes of the pelvic viscera. The most frequent cause of these tumours is the puerperal state, which commonly causes suppuration of the cellular tissue comprised between the two layers of the broad ligament.

The symptoms of these tumors are rational and physical, but the former are often absent until the tumor has attained sufficient bulk to interfere with the functions of the neighbouring organs. These symptoms vary with the situation, extent, inflammatory or indolent condition of the collection, and especially as the patient is pregnant or the reverse. During pregnancy the collection may interfere with the developement of the womb, or with parturition. As

to the physical signs, simple inspection sometimes is sufficient, if the tumor has grown above the pelvis.—Percussion and palpation of the hypogastrium often give valuable information. But the most important means of all is an examination per vaginam, which should be performed by the physician standing at the side towards which the tumor inclines, and with the index finger of the hand corresponding to the same side.—We thus ascertain if the tumor projects into the vagina, is adherent to its parietes, &c. Even if the tumor cannot be felt, yet we may form a tolerably accurate idea of its position, by the situation and inclination of the neck of the womb, which is frequently displaced by the pressure exerted by the tumor on the uterus. M. Chomel observed a peculiar symptom in a case of abscess of the broad ligaments, which consisted in a kind of suction exerted on the finger by the vagina, and which was, doubtless, caused by the pressure of the tumor on the vagina.

In addition to the position of the tumor, it is important to determine its composition. Fluctuation is sought for in several ways: one hand placed on the hypogastrium may impel the fluid against the tumor in the vagina, or the index and middle finger are passed up the vagina; one finger is pressed against the tumor, which is percussed with the other at a little distance. One finger in the vagina and the other in the rectum will give the most satisfactory information whenever the tumor occupies the septum between these organs. In doubtful cases an exploratory puncture may be practised without any danger to the patient.

Cysts originating in the cellular tissue of the pelvis seldom acquire any considerable bulk; probably from being bound down by the peritoneum: they have a tendency to open and empty themselves by the bladder, vagina, rectum, through the abdominal parietes, or even into the peritoneum, of whom Mme. Boivin, Blandin, Bright, and Gendrin have given examples; and another is given in the memoir, which occurred in M. Recamier's practice.

Many tumors may be mistaken for those now in question. The distended bladder, the uterus enlarged by pregnancy, by a polypus, or by inflammation, displacements of the uterus, cysts of the liver or spleen descending to the pelvis may lead to errors of diagnosis; but phlegmon of the iliac fossa is the most likely source of error. This affection is distinguished by its more lateral position, the compression it exerts on the vessels and nerves of the inferior extremity, by the absence of signs on examining the vagina, their rare occurrence in the female, and on the left side; by the more elevated situation of the tumor, its rounder shape, and by feeling that its deep surface does not descend into the hypogastrium.

Intra-peritoneal tumors of the pelvis are the most dangerous, being difficult to attack through the vagina, and exposing the patient to peritonitis, either from extension of inflammation or effusion of their contents.

There are two important questions respecting those tumors—1. Should they be opened or left to themselves? 2. If they are to be opened, how and in what situation is this to be done?

M. Bourdon advocates an artificial opening, not in deference to authority, but because of the numerous instances in which he has known the practice to succeed, and because of the danger of leaving the disease to nature. The system at large may suffer from the presence of pus, and the tumor may interfere to a dangerous extent, with the functions of the neighbouring organs. The collection enlarges in every direction, and the spontaneous opening may, from its position and smallness, be insufficient to give exit to the pus. The contact of purulent matter with the parietes of the rectum and bladder may cause obstinate catarrh of these organs. The cure, too, is extremely tedious.

Where is the puncture to be practised? as a general rule whenever fluctuation is most obvious, the matter most superficial and the peritoneum, an artery, or important organ, least exposed to injury. If possible the most depending part of the tumor should be selected. The place being selected, adhesion between the abdominal parietes and tumour is to be effected if possible, by one or more applications of caustic, and then a bistoury is to be passed into the cyst. But the liquid should never be given issue to through the abdominal parietes, until search has been made for fluctuation in the vagina, as if that exists, the puncture should be practised through the vagina.

M. Bourdon also recommends the practice of puncture by the vagina, in the case of cysts growing from the appendices of the uterus, which are free in the abdominal cavity, decidedly project into the vagina, and can be felt fluctuating in that situation; such a proceeding he maintains, presenting the advantage of giving a free and complete exit to the fluid by the inferior part of the tumor, while it does not incur the risk of effusion of fluid into the abdomen to a greater amount than would a puncture through the abdominal parietes. The cases in which such a proceeding could be adopted, occur very frequently; and if such a practice is to be followed, the following are the rules laid down for its performance by M. Bourdon, and which should be strictly observed. Though the peritoneum comes in contact with part of the vagina, yet we need not be too fearful of wounding it where the tumor is sub-peritoneal, as the developement of such a tumor push it aside and modify its natural relations just as the urinary bladder when distended, detaches the peritoneum from its abdominal surface. We may be certain that the tumor is sub-peritoneal when it does not communicate the sensation of ballottement to the finger, and especially if its relations to the vagina undergo no alterations when the patient changes her posture.

Before making the puncture, the position of the uterine arteries should be ascertained, they are occasionally greatly developed; the incision should be vertical to avoid these vessels. M. Recamier prefers a convex knife, whose point and edge may be covered at pleasure, by a somewhat broader sheath of silver which slides on the back of the knife. The knife is passed on the finger into the vagina to the tumor; the tumor once opened, the knife should not be carried deeper. The exit of the fluid is to be favoured by injections, and pressure on the abdomen with the hand, and subsequently a bandage. The injections should be repeated thrice daily, and the last should be thrown in with extremely little force, so as not to excite the elasticity of the parietes of the sac, in order that the liquid may remain in the cyst till the next dressing. The frequent introduction of the syringe, obviates the necessity of keeping the wound open with a tent or bougie.—*Revue Medicale.*

MR. DENIS PHELAN'S MEDICAL CHARITIES BILL.

TO THE EDITORS OF THE MEDICAL PRESS.

Maryborough, Dec. 2, 1841.

GENTLEMEN—I have read with satisfaction in the last number of the MEDICAL PRESS, a letter addressed to you by Mr. Phelan, Assistant Poor-law Commissioner, as I trust it may have the effect of directing the attention of those interested, to the report of the poor-law commissioners on the medical charities of Ireland.

It is important to the interests of the public, of the sick-poor, and of the medical profession, that the

merits of that publication shall be canvassed, otherwise it might be taken for granted by the legislature and the community that, as a public document, compiled by responsible public officers, it has been written in a fair and impartial spirit, a faithful record of facts, and entitled to general confidence. However, believing as I do that it is not a fair or impartial report, that it is not a faithful record of facts, and that it is not by any means entitled to general confidence, I avail myself of the opportunity afforded by Mr. Phelan's once more introducing himself to the notice of the profession, and proceed to impugn it. I propose to confine myself to the more remarkable features of its general character, and will not travel out of my own district for proofs of its inaccuracy, as I hope that the subject may be taken up by some one more equal to the task than I am, and that the several members of the profession throughout Ireland will carefully peruse at least such portions as relate to their own immediate districts, and furnish useful information to some centre, whence it can be made available when occasion shall require; the council of the Medical Association being well suited for this purpose.

I charge against the entire report that it has been written with a view to prove that the arrangements for the relief of the sick poor throughout Ireland are so defective in their character that it is absolutely necessary that the whole machinery shall be altered that the government of the medical charities shall be removed from the hands of those who have given substantial proofs of the interest felt in their prosperity, and that it shall be transferred "*to committees to be named by boards of guardians, of persons having guardians' qualifications,*" who are to direct the establishments, appoint the medical attendants, &c., *subject, however, to the controul of the poor-law commissioners.* Secs. 12, 16, and 21 of the heads of a bill for the better regulation of medical charities, to be found at page 20 of the report, provide for this change. At page 15 it will be found that £42,000 per annum are contributed *by subscription* towards the support of the fever hospitals and dispensaries of Ireland; and in the same page will be found the following words:—"The commissioners recommend that subscriptions be altogether discontinued, and that the funds requisite for these institutions be raised as a portion of the poor-rate." I will here inquire of Mr. Phelan how he can reconcile these passages with the assertions made by him at almost every institution which he inspected in this district, that the poor-law commissioners entertained no wish whatever to interfere with the authority or privileges of the governors, but that in case of any change the direction and management should be left in the same hands as at present. Can Mr. Phelan expect that the gentlemen who heard him shall have confidence in his report, or that it can be considered worthy of exercising any influence on the proceedings of parliament? He probably calculates that the *ipse dixit* of Mr. Nicholls and himself may be adopted without doubt or difficulty, and established as the basis on which legislation shall be founded.

I emphatically protest against the method adopted by the reporters for establishing their case against the medical institutions of Ireland. They spin out a list of irregularities which they have ferreted out with persevering ingenuity, and place them before parliament and the public in a manner calculated to establish a belief that each and all commonly prevail throughout the country. They studiously avoid making any reference to the existing examples of such irregularities, as, no doubt, they are aware that their thirty-three dispensary grievances, twenty-one for fever hospitals, and sixteen for county infirmaries, would, if tested by examples, most probably dwindle down to one-third the number. For instance, the Athy Fever Hospital grievance, so ably disposed of by the correspondent of the *Leinster Express*, is presented prominently to view under several different forms and in various places in the book. "Ten benevolent gentlemen of Mountmelick" (of whom more anon), are brought forward in several varieties of character, to establish that the grand juries of Ireland would permit the sick poor to perish by the road side for want of necessary relief. The fever wards established at the Queen's County Infirmary are presented under various aspects as examples of profligate illegality. And the remedy—the only remedy—for these crying evils is to place the institutions under the judicious and popular "direction and controul" of the poor-law commissioners. To be sure Mr. Nicholls talks of "a board consisting of five or seven selected from the eminent medical practitioners residing in Dublin." To this board which would be "attended with important advantages," should be committed "the medical arrangements, including the salaries and qualifications of the medical officers." "Its advice would be of great use to the commissioners, and would have the greatest weight with the union authorities." But "*functions should be purely suggestive!*" In other words Mr. Colles, Mr. Carmichael, Sir Henry Marsh, Sir Philip Crampton, and Mr. Cusack would be expected to assemble in a closet in the Custom-house, for the purpose of submitting suggestions for Mr. Phelan's consideration and approval. That they will willingly undertake this duty is highly probable, from the considerate attention which the Chief Commissioner bestowed upon the report of Sir Henry Marsh and Mr. Cusack, on the duties and emoluments of the Medical Officers of the South Dublin Workhouse, made in accordance with the wishes of Sir Robert Shaw and the respected board of guardians.

I complain, that the reporters have prominently put forward statements, calculated to create a belief, that there is a prevailing desire that the institutions for the medical relief of the sick poor shall be placed under poor-law controul, while they have failed to record those expression of disapprobation so frequently uttered, when such arrangements were proposed at public meetings by the commissioners themselves. This is disingenuous, and sufficient to cast a strong shade of doubt on the whole character of the report. An effort is made to lead the legislature to suppose, that the establishment of many medical institutions is delayed, with a view to taking advantage of an improved system, in connexion with the poor-law, and evidence is brought forward in support of this position. I believe that the establishment of some institutions has been delayed but from far other motives—motives with which I have no doubt, the poor-law commissioners are well acquainted—lest, when gentlemen had bestowed their attention, and expended their money for that purpose, the commissioners should grasp the institutions, and administer them according to their own notions, totally regardless of public opinion. But I must avoid occupying too much of yur space, and proceed to more specific though less important particulars.

I wish to know from Mr. Phelan, why the report should state that the Queen's County Infirmary is one of six institutions which "could not give an accurate return, the patients residences not being entered in the registry." This asertion is, to use Mr. Phelan's own language, "a pure fabrication." The residences of patients are accurately entered, and every return which Mr. Phelan sought was furnished to him.

I wish to know why the report should set forth that the average expense of each patient treated in the infirmary in 1839, amounted to £1 11s. 4½d., when in reality, it was but £1 8s. 11½d. I can, however, afford to make a present of all he claimed on this

head, as it appears that the average expense of each patient treated in the 42 infirmaries of which a return has been published, amounts to £2 9s. 10½d.

As the fever wards of the infirmary have proved such a stumbling block in the path of the commissioners, I think I am entitled to an explanation why the number of patients treated in those wards does not appear in the tabular view of fever hospitals. It cannot be merely because that number is larger than in any of 59 fever hospitals of Ireland; nor can it be, because the patients were treated without any cost to the public for medical attendance, nor because the Queen's County Infirmary has been "made to follow the enlightened examples set by the London, Dublin, and Belfast Hospitals, into which fevers of all kinds are admitted" as recommended in the 7th page of the report on medical relief, in connexion with the Irish poor enquiry; nor because it has reduced to practice the recommendation of Mr. Phelan's colleague, Doctor Corr, as contained at the head of page 90 of the poor-law commissioners report. But this brings me back to the "ten benevolent gentlemen of Mountmelick."—It does seem extraordinary, that the commissioners cannot keep silent about Mountmellick—ever to be remembered in poor-law history. The inhabitants of that town, which is an honour to the Queen's county, and presents an example well worthy of imitation throughout Ireland, feeling a laudable anxiety to provide in the best manner for the convenient relief for their sick poor, as well as to improve their town by the erection of a fever hospital in addition to a workhouse, decide on appropriating a surplus fund remaining from a poor relief subscription to this purpose, and forthwith, "ten benevolent gentlemen" are fixed upon, in whose names the subscriptions should be entered. The first move being made, a presentment is obtained at special sessions, but on its arrival before the grand jury, difficulties are raised as another edifice, a handsome sessions house, is also sought for. A compromise is effected—law takes precedence of physic—the sessions house is granted—the hospital must wait awhile, and thus, are materials supplied out of which the ingenuity of Mr. Phelan and Mr. Nicholls constructs some half dozen grievances; forgetting however, to point out that the fever wards of the infirmary from which, they report, "the district where the hospital was sought to be established can derive but little benefit," are situate in the same union and but five miles distant, and that, up to this day, every fit object who sought admission, immediately obtained it.

Mr. Phelan takes pains to record that I act as apothecary to the infirmary, receive the legal salary, but am not a qualified apothecary. In candour he should have added, that I challenged him to the closest scrutiny of this department, a duty for which former pursuits had particularly fitted him. No fault was found, and, as I sought neither favour nor affection at his hands, it may fairly be presumed that no fault existed.

Mr. Phelan reports, that at remote dispensaries, subscribers state that serious cases are prevented from seeking admission at the infirmary on account of the distance. On this point I beg to remind him, that it is only at a distance of "not less than 20 miles," that the commissioners by the 18th section of their proposed charities bill would establish beds for serious surgical cases in connexion with the fever hospitals, a practical admission, that this infirmary is accessible for patients from all parts of the county. I may also inform him that governors of more than one "remote dispensary" mentioned to me, that a chief object of his enquiries amongst them, appeared to be to obtain information calculated to establish a case of inefficiency against the infirmary.

At page 102 of Mr. Phelan's "own book" he makes the following quotation from a Queen's County Correspondent, "it (the infirmary) does not give relief to *a tenth* of the applicants, *who return to their homes with their complaints much exaggerated from the fatigue of travelling long journies.*" It must, after so painful an account as this, have been highly grateful to Mr. Phelan's philanthropic mind to find that the infirmary is now "considered by the governors to be sufficient for the wants of the county." He no doubt also felt much pleasure in proving by his tables that while the average of relief afforded by the other infirmaries of Ireland, is in the proportion of one to 423 of the population, in this county it bears the proportion of one to 162. Did he not represent to his chief, in terms of suitable approbation, my exertions for the relief of the sick poor of the county—no, but he witnessed my degradation at the assembled board of guardians, and heard the order read which forbade me, a ratepayer in three of the five unions into which our county has been hashed, from retaining a seat at that board to which the rate-payers in the exercise of their legal rights had elected me.

Gentlemen, I have already occupied too large a space in your columns, and have to entreat from you a little more indulgence. I must request an explanation of Mr. Phelan's assertion, that one of the medical officers in the Abbeyleix Union holds two dispensaries ten miles distant from each other. Such is not the fact; but it is true that a most exemplary and highly informed man, toils through the duties of two dispensaries, situate five miles asunder, and that he is most inadequately rewarded for his labour, which is performed in a manner that reflects the highest honour on his character. Another of the medical officers of that union, of whom it is reported that he "cannot give prompt or efficient attendance on the sick" is also notoriously most pains-taking in the discharge of his duties, which extend over a large mountain district. This gentleman has on a recent occasion had the satisfaction to receive a marked expression of approbation from the governors of his dispensary, but neither of them found favour in the eyes of Mr. Phelan, for they are both strongly opposed to any scheme by which the medical institutions of the country, might be delivered up to the jurisdiction of the poor-law commissioners, a feeling in which every medical practitioner of my acquaintance with one or at most, two exceptions, most cordially participates, and which prevails with the public to a degree which it would not be by any means convenient for Mr. Phelan to admit, for that gentleman has *now*, to quote another of his own phrases, "Something worth fighting for" and prizes the sweets of office too highly to yield them without a struggle.

I may again trespass on your journal, as I cannot prolong this letter by allusions to some other points to which I am anxious to direct the attention of your readers.

Your very obedient servant,

JOHN JACOB, M.D., and Ex-P. L. G.

POOR-LAW INTELLIGENCE.

NORTH DUBLIN UNION.

The board of guardians for this union held their usual weekly meeting at the workhouse. Dr. Phelan, Assistant Poor Law Commissioner attended. J. L. Barlow, Esq., Chairman, presided.

MORTALITY OF CHILDREN IN THE HOUSE.

This subject was then brought forward.

Drs. Duncan and Kirkpatrick, medical officers of the institution, were in attendance.

The motion of Mr. Roper passed on the last board day, was then read. (See last No. of the Medical Press).

Mr. Roper called on Mr. Crean (the clerk) for the return.

Mr. Crean handed Mr. Roper the following

RETURN.

Infants under two years of age admitted from 4th May, 1840, to 1st December, 1841,	...	...	268
Do.	Discharged	...	120
Do.	Died	...	87
Do.	Remaining	...	61
			268

Those who died in the house lived in it on an average 4 months 10 days.

Those who were discharged lived in it on the average 3 months 15 days.

Mr. Roper then said he would show rates of mortality in different similar institutions. He would commence by examining their clerk as to the truth of the returns he had given him. Then he would examine some of his brother guardians as to whether what was put on the book on admission days as to the state of the paupers on admission was true or not, and next the medical officers. Mr. Roper then asked Mr. Crean was the return handed him a true and correct return, according to the books of the board.

Mr. Crean said it was correct.

Mr. Roper was about to proceed, when

The Chairman said, that before Mr. Roper should proceed with the inquiry, he thought the board should determine whether the examination should take place or not.

Mr. Roper said the board had agreed to his motion on last board day, and they could not travel out of it now.

Mr. Law said he would move, as an amendment, that the inquiry should not be merely into the mortality for one year, but from the opening of the institution to the present time.

Mr. Roper protested against any amendment being moved to his resolution. He should not be turned from the object he had in view by an amendment.

Mr. Law said that he had spoken of it on the last day.

Mr. Roper said that he had given a week's notice of his resolution, and brought it forward, and it was passed last day. Now it was attempted to turn him about from his resolution. He only wished to have out the truth, and, perhaps, the truth might not be very palatable to have brought out. He claimed his right to go on with his resolution.

Mr. O'Gorman thought if Mr. Roper would confine himself to the words of his resolution he ought to be allowed to go on with it.

Captain Cottingham said all would admit that Mr. Roper's object was to arrive at the truth, and take the best manner of remedying the evil. But he (Captain Cottingham) thought that the proper way would be to make the inquiry from the commencement. The mortality might have been greatly lessened since they commenced. Their duty was to bring forward the whole facts, and not a part. The public eye was upon them, and they ought to bring forward the whole truth from the commencement, so that the public might fairly judge.

Mr. Roper said an arrangement had been made to let him go on with the subject on the last board day. It was unfair now to endeavour to prevent him from bringing it forward.

The Chairman said the arrangement made, was that they were to appoint a committee of the whole board to inquire into the subject, and that they were to report thereon to Mr. Hall. That arrangement had not been put into writing, but they all understood it was to have been arranged in that manner. He understood that the whole system was to have been considered, from the opening of the institution to the present time.

Mr. Roper said he came there that day to enter upon the whole subject; and he could enter on it in whatever way he pleased. He could take it weekly, quarterly, or annually just as he pleased. He protested against being obliged to go on in the manner other guardians might think best.

Mr. Law said he thought entering on the subject as Mr. Roper proposed then to do—namely, an inquiry into the mortality of the infants for only one year, would tend to injure the guardians in the eyes of the public, for the reasons that Captain Cottingham had assigned; for it would be found if the whole inquiry from the commencement were gone into, that there had been a great decrease in the mortality (hear, hear). At the opening of the institution, and for the first year, the house was so crowded, and so little accomodation had, that that might have tended to the mortality. Many children had died of the measles there. He thought that the public should have the whole truth, and nothing but the truth—(hear, hear)—and therefore he pressed his amendment.

Mr. Roper said it was an understood order on their books that a fortnight's notice should be given of an amendment to have a motion passed, rescinded.

Captain Cottingham said he should not have thought it necessary to interfere with Mr. Roper's motion, but for the statements which he read and heard made out of doors, stating that 45 out of 50 infants had died in the institution (hear, hear). That impression had gone abroad; and he did conceive that there was not a single particle of the case that ought not to be inquired into from the commencement—(hear, hear)—in order to remove from the public the false opinion they were under (hear, hear). Supposing even the present inquiry for one year only, proposed by Mr. Roper, should turn out satisfactory, and prove that the opinion that had gone abroad was false, yet it would be said, "Oh, yes, but why did not the board go into the whole case from the commencement?" (hear).

The Chairman said he hoped that nothing but the whole inquiry from the commencement would go before the public. That was what had been understood last board day.

Mr. Roper said he did not understand it so. He now felt himself bound to show that he had not put forward untenable facts (hear, hear).

After some further discussion Mr. Roper was permitted to proceed.

Mr. Roper to Mr. Crean—You have stated that the return you handed me is correct?

Mr. Crean—Yes, Sir, as they are taken from the registry.

Mr. Roper—Well, out of 100 infants admitted from the 11th of May 1840, to the 1st of May, 1841, 50 have been discharged; and out of the remaining 50 in the house 45 have died, and that but 6 out of the 45 were sick on admission. I will now ask Mr. Swan, who is in the habit of attending the admission board, if he writes down the questions and answers put to and given by the paupers as to their health on admission.

Mr. Swan—Certainly, as they answer.

Mr. Roper—Do you think that the parents when seeking admission with their infants would be inclined to say that their children are in good health or bad health?

Mr. Swan—I would say that the leaning is to the latter answer.

Mr. O'Gorman was then questioned by Mr. Roper, and said he perfectly agreed with Mr. Swan; but if he were asked his own opinion he would say that the parents and children when applying for admission

appeared to be in a very bad state of health. Generally speaking he thought that the persons applying for admission were more or less in a state of complete exhaustion (hear, hear).

Mr. Roper—Would you infer from the answers of the parents that their children had any other complaint than what food and raiment would remedy?

Mr. O'Gorman—I think if they knew of their having any infectious complaint they would tell it.

Mr. Roper (to Dr. Duncan)—Have you been in the habit of seeing the children soon after their admission into this house?

Dr. Duncan—Yes, every second Monday.

Mr. Roper—Have you any knowledge of how the children are entered as to health on their admission.

Dr. Duncan—I have not.

Mr. Roper—Taking the general average of the state in which children come into this house, what is your impression as to the soundness or unsoundness to be expected in their health as they are received here?

Dr. Duncan—I cannot say, as only the sickly children come under my observation. We have had a considerable number of fine healthy children reared in this institution. As the inquiry was only for one year, he could speak only from memory; and on that he thought that at least one-half of the children admitted during that time were in good health. Some of the remainder were in bad health; others ready to take disease.

Mr. Roper—With regard to the children who left this house, had many of them been under your care?

Dr. Duncan—Some of them. I remember one child who left this house very delicate, and died shortly after. That is the only instance I can speak with certainty of.

Mr. Roper—Do you think that the fifty who went out of the house with their mothers, after a residence of three months and eighteen days, were the healthiest children out of the 100?

Dr. Duncan—It is impossible for me to give a satisfactory answer to that question. It was not from the circumstance of health or illness that they went out. There were others—their having friends to take care of them, &c.

Mr. Roper—Do you think that some of the mothers left this fearing that their children would die in the house; or was it because they expected their friends outside would help them?

Dr. Duncan—I think that those mothers who left the house, left through a dread of their children dying in the house.

Dr. Kirkpatrick said there was scarlatina, measles, and hooping-cough raging in the house then.

Mr. Roper(to Dr. Kirkpatrick)—Can you say what was the reason why the women with the children under one year old left the house?

Dr. Kirkpatrick—Some of them left it fearing epidemics; I should assign that as the principal cause for their going out.

Mr. Roper—Did any mother, after burying one or more children, leave the house?

Dr. Kirkpatrick—Yes, and some of them have come back since and brought back their children.

Mr. Roper—I think there is no use in my putting further questions to the medical gentlemen to prove that those mothers who left the house with their children did not do so under the expectation of getting aid from their friends outside.

To Dr. Duncan—Do you think that if the fifty who went out of the house had remained here until this day there would have been anything like the average casualty which has happened with regard to the other fifty?

Dr. Duncan—I really could not give any opinion as to that.

Mr. Roper—This return handed me by the clerk shows a certain amount of mortality. It would appear upon first reading it that the rtate of mortality is greater than it really is. Now, have you made any calculation since last day to show what the real rate of mortality in this house has been?

Dr. Duncan—I have made a great many caculations, and one not precisely for the period you mention.

Mr. Roper—Very well, I will take it.

Dr. Duncan—I should tell you that my calculation is not for children under two years of age. I can give you a rate of mortality for children under one year in other institutions. In estimating the rate of mortality in any public institution the object is evidently to ascertain, out of a given number, at the commencement of a year, how many die there during the course of it, supposing that all those who survive continue to remain for that period. Thus, if there are one hundred inmates, on the 1st January, which continue to reside in a workhouse permanently, how many of these die on the average before the 31st of December, in the same year? Some persons are in the habit of comparing the deaths, not with the average number of permanent residents, but with the gross number of those admitted into the institution within the year.—But this is manifestly deceptive, because many do not enter till the year is far advanced, and an immense number take shelter for a week or two only, who are never heard of afterwards. The object of forming this calculation at all is to enable the scientific inquirer to estimate the influence of particular circumstances upon the health of the human subject, due reference being had to the condition in which the persons are at the time of admission. In the case of workhouses in general, and particularly of a city workhouse, this is usually very unfavourable (hear). It has been said that calculations in regard to the mortality in workhouses are never made in the manner now proposed, but that invariably the number of deaths is compared with the admissions. If any person will take the trouble of referring to Macculloch's Statistics of the British Empire, vol. 2, chapter on "Vital Statistics," he will there find a table for the English workhouses, calculated upon the number of "constant residents," from which the following extract is taken, as it will show that the mortality in the North Dublin Workhouse on the whole has been far less than in those of the London district, even under the disadvantage of an unusually great mortality among the infant children. Had the mortality in this class been no greater than under all the circumstances could have been expected, the comparison would be still more to the advantage of the North Dublin Union:—

Ten Metropolitan Workhouses of London, in 1837, as given by Macculloch—average number of inmates, . . .	317.8
Average annual deaths in 100 constant residents	29.1
North Dublin Workhouse, from its opening, May 11, 1840, to March 25, 1841—average number of inmates for that period obtained by dividing 442,223—the gross number of days spent by paupers in the house—by 319, the actual number of days from May 11, 1840, to March 25, 1841, ...	1,398
Actual number of deaths in same period .	265
Being at the rate, for one year, for 100 constant residents, of	22.8
North Dublin Workhouse, from March 25, to September 29, 1841—average number of inmates calculated in a similar manner .	1,633
Actual number of deaths . . .	149
Average rate of mortality, for one year, on 100 constant residents . . .	17.4

To ascertain the mortality among the children under two years of age the average number of constant

residents must be found by a similar process of calculation.

From the 10th May, 1840, to May 10, 1841, there were admitted of this class, . .	166
Discharged alive, after different periods of residence, ...	63
Died within the same period, .	56
Remaining in the house, May 11, 1841. .	47
	--166

Now, it is quite clear that to ascertain the correct number of constant residents for that period, the average number of living infants for the year is to be added to the gross number of deaths, this will give the exact average upon which the calculation is to be founded. The number so to be added as the average of healthy infants is 35.3, obtained by dividing 11,891 (the gross number of days spent by the whole of those admitted and discharged in that period) by 365, the entire number of days in a year. This number added to 56, the entire number of deaths makes 91.3, which may be taken as the constant residents for that year, which gives 61.3 as the average rate of mortality for this class of infants in the workhouse for the year ending the 10th May, 1841.

Before giving any statement of the average annual mortality for infants under two years of age in other places, it should be mentioned that there is no statement published exactly as mentioned for this age, and that, therefore, it must be deduced from authentic documents, which are already before the public; and further, it must be borne in mind that the mortality in a workhouse must always be much greater than anywhere else in these classes, as many enter such institutions far gone in disease.

In the report presented by the Registrar-General of births, deaths, and marriages, to the House of Commons, for the year ending June 30, 1839, and printed by their authority, we find in the metropolitan district of London, embracing a population of a million and a half, the following report made:—

Total births for that period, ...	51,232
Deaths under one year do.	8,951
Do. one year and under two do. ...	4,244

Now, to ascertain the number of children living in that year, from one day up to two years, it is presumed that the number of births and deaths under one year were nearly the same for the year immediately preceding; hence, subtracting the number of deaths under one year from the number of births, we have the number of children above one year old alive at the commencement of the year.

Total births for that period	51,232
Deaths under one year do.	8,951
Children alive above one year old, at the commencement of the year	42,281

Hence, to ascertain the gross number of infants under two years old alive, these two numbers have to be added together, viz. :—

Births, ...	51,232
Survived from births of previous year...	42,281
Total, ...	93,513
Of these there died, under one year, ...	8,951
From one to two, ...	4,244
Total deaths under two, ...	13,195

Being at the rate to those actually alive, under this age, of 14–1 per cent.

This may appear to those inexperienced in such matters, as well as to others who have been in the habit of seeing averages stated without inquiring as to what standard the comparison is made by, as much too low; but by a similar process of calculation, founded on tables given in the article, "Mortalité Dict. des Sciences Medicales," the average for all Sweden, some years ago, was 15.2, and for France 18.5, while this calculation is still further confirmed by the Registrar-General himself giving 17.4 as the average mortality per cent. for the London district for infants under one year old. Under all circumstances, even the most favourable, the mortality in a workhouse at this early age must be much greater than in any other institution, when the class of persons who seek refuge there, and the diseased condition in which they enter it, is considered. But it is important to ascertain the exact amount of the evil without exaggeration or extenuation, in order that means may be attempted for its removal, and that at a future period it may be distinctly known whether it has been lessened or increased. During the period referred to there were three epidemics among the children—scarlatina, hooping-cough, and measles; but the fatality of those diseases was certainly increased by the want of proper accommodation and the other unfavourable circumstances in which they were placed.

Mr. Roper—The result, then, of your calculation is 61.3 per cent.?

Dr. Duncan—Yes.

Dr. Phelan said he did not altogether coincide with Dr. Duncan's calculation. He made it 35 per cent. He calculated on the admissions only; that was the mode of calculation in all public hospitals.

A Guardian—Oh, but calculations should not be made from this house as in an hospital.

Dr. Phelan said he thought it should. Dr. Duncan ought to have calculated on the admissions only, and not take off for those discharged.

Dr. Duncan said it could be no object to him to magnify the rate of mortality in the institution (hear, hear). He thought his calculation was the true one. He did not think they had a right to calculate the mortality on the admissions only.

Dr. Phelan asked Dr. Kirkpatrick which mode of calculation he would adopt—his or Mr. Duncan's?

Dr. Kirkpatrick said he thought both modes should be considered. If Mr. Duncan's mode alone were to be taken, the rate of mortality would seem immense, and would justify the reports which had gone abroad. He did not think that a rate of mortality such as Dr. Duncan calculated had taken place.

Mr. Hoyte said he made it 32 per cent.

Mr. Duncan explained his calculation to Mr. Hoyte, who then said he saw Dr. Duncan was right.

After some further discussion on different calculations,

The Chairman said he thought they ought to see by their books the number of children they had received into the house, and then calculate the number of deaths amongst them. They ought not to be bound by any other calculations (hear, hear).

Dr. Brady said he thought they should adopt such a mode of calculation as the public would understand best. They would save an immense deal of trouble and difficulty by adopting the usual mode of calculation, which the public understood best (hear).

Mr. Roper said he would be very sorry that any mode of calculation should be set up that would mislead any one. He thought the only mode would be to compare the mortality which had taken place in this house with the accredited tables of mortality elsewhere. Mr. Roper then proceeded to go over Dr. Duncan's calculations.

The Chairman said, perhaps it would greatly shorten the discussion if the board had laid before them a return of the average number of children admitted from the commencement—the number of those who were discharged, and the number of deaths. The public could then judge for themselves; but let not the board take any calculation which perhaps the

public would not understand. Then they could not be hereafter accused of having misled the public.

Mr. Chambers observed that if they adopted that plan they would make the rate of mortality appear 50 per cent. no doubt.

Mr. Roper said all he wanted was to give them the means of making out a calculation. Dr. Duncan said he calculated the mortality to be at the rate of 61.3. The board of guardians, or the commissioners could make out any other calculations, but let Dr. Duncan's go forth publicly.

The Chairman begged to say he would not adopt either of those courses. The board ought to have given the number of admissions, discharges, and deaths, from the opening of the institution, and then the public could judge for themselves. That would be the fairest way (hear, hear).

Captain Cottingham (to Dr. Kirkpatrick)—Do you say that the description of infants brought into this house are more or less healthy than the ordinary description outside?

Dr. Kirkpatrick—I should certainly say less healthy.

Mr. Roper—Do you consider the mortality of children in this house excessive?

Dr. Duncan—I should say it has been excessive.

A Guardian—Mark that. It has been excessive.

Mr. Roper—There is in the return given me five orphans: are you aware is there any of those alive?

Dr. Duncan—I believe the return states they are all dead.

Mr. Roper—What difference is there between the dietaries of the nurses in this institution and the other paupers?

Dr. Duncan—There are exceptions; but, generally speaking, the nurses get the ordinary diet of the house.

Mr. Roper—We are quite aware that you have the power of ordering extra diet in cases of necessity; but do you consider you have the power of ordering extra diet to nurses suckling children?

Dr. Duncan—The board of guardians reserve to themselves the power of doing that; but they give us the power of doing so in particular cases.

The Chairman—Do you not consider that if you hink a nurse requires an additional supply of food hat you could order it to her?

Dr. Duncan—Certainly.

Mr. Roper—Do you think that the temper of the mother has any effect on the child; and do you not think that the being here would have the effect of a prison on the mother?

Dr. Duncan—I do think the temper of a mother has an effect upon the child. There are many women in this institution who are naturally under depressed spirits for many causes—reverse of fortune, and other things.

Mr. Roper—Now, you think there may be great improvements made in this house?

Dr. Duncan—Yes.

Mr. Roper—Have you perceived that after a certain residence in this house any part of the children acquire an aptitude to any particular disease?

Dr. Duncan—I think that scrofulous diseases and disease of the lungs did and does prevail among the children here.

Mr. Roper—To what causes do you attribute this?

Dr. Duncan—The principle cause has been the crowding of the children's room. That has been in some way obviated, but not to the full extent. There was one ward set apart for the nursery, which was not at all suitable for it. I do not think the board or the commissioners are to blame for this. It was left to the master and matron; and however clever they may be, they were not the fit persons to leave this matter to. I have documents to shew that I made frequent applications for another nursery to be allocated to the children, as the one allotted to them was not fit for them at all; however, during the whole of the last winter it was not rectified. I have one instance which will shew the crowded state of the nursery at times. On the night of the 17th of February last the nursery ward, having 31 beds, was occupied by 53 children and 60 nurses, so that that ward had that night 113 human beings.

The Chairman—But, Dr. Duncan, was not this case brought before the board at the time, and immediately rectified?

Dr. Duncan—It was certainly; but I think there is danger of its occurring again.

Mr. Roper—What room have the nurses to sit in for a day room?

Dr. Duncan—I consider it a very objectionable one.

Mr. Roper—Is it not considered that light is absolutely necessary in a nursery?

Dr. Duncan—Certainly. Solar light is as necessary for animal as for vegetable life.

Mr. Roper—This day-room is, I believe, perfectly without light?

Dr. Duncan—It is. It is under the level of the ground.

Mr. Roper—Are you aware of any suitable place in this house for a day-room?

Dr. Duncan—I should say I am. Turn the women's work-room into a day-room.

Mr. Roper—Do you think the newly-built day-rooms in this house are fit for day-rooms?

Dr. Duncan—I do not think they are fit for any purposes of human beings?

To a Guardian—When disorders such as scrofula broke out it was most important to separate the children attacked by it from those who were not. I am not at all satisfied with the accommodation; and I think that if any disease, such as broke out here last winter, appears, there would be the greatest danger.

Mr. Roper—Are you aware that the board applied to the commissioners to get that accommodation?

Dr. Duncan—I am not.

Mr. Roper—Then are you aware that our request was refused (a laugh).

Dr. Duncan—No.

Mr. Roper—Do you think infants are susceptible of spotted fever?

Dr. Duncan—Not usually. I never saw an instance of it.

Mr. Roper.—You have heard that this house was said to have accommodation for 2,000 paupers?

Dr. Duncan—Yes.

Mr. Roper, to the Clerk—Were there ever 2,000 paupers in this institution?

Mr. Crean—No, sir.

Mr. Roper, to Dr. Duncan—Has this house accommodation for 2,000 persons, with the infants in it?

Dr. Duncan—The house has not accommodation for 2,000 under any circumstances.

A Guardian—Do you think that if any of the orphan children were sent to be nursed in the country they would be in better health than here?

Dr. Duncan—I think that if they were sent to the country, and put under proper care, they would have much better health. But at the same time I think we possess many material advantages here. We have good air, elevated situation, good dormitories, and excellent sewers. I think all we want is either to reduce the number of inmates or increase the accommodation.

To Mr. Roper—I think an orphan sent in here and placed under the care of a strange pauper nurse would have a very bad chance of living.

Mr. Roper—Now, after having heard this, what step do you think ought to be taken to send out those children to be nursed in the country?

Chairman—The law does not allow us to do that.

Mr. Roper—Whether would you do that, or go to the expense of further building here?

The Chairman—I would ask the medical officers whether they had prepared any plan which they would recommend to remedy the want of accommodation, consistent with the provisions of the poor-law act?

Dr. Duncan—We want a good day-room for the young children.

Chairman—Do the views of Dr. Duncan meet yours, Dr. Kirkpatrick?

Dr. Kirkpatrick—I fully agree in every thing Dr. Duncan has said.

Dr. Duncan—We have more nurses here than we can accommodate at present. If part of the garden were cleared of trees and vegetables, it would make a very healthy place for the nurses to walk out with the children—but they should be under proper superintendence. But if it could be done conformably to the poor-law act, it would be best to send the infant orphans to the country.

Mr. Law—Does Dr. Duncan mean to say that it would be better to have the infants torn from their mothers to be committed to the care of strange nurses?

Dr. Duncan—I do not think that we shall be ever called upon to do that, as the mothers never will consent to part with their children.

To Mr. Roper—Some of the children who died here were fine healthy children.

Mr. Roper—Do you think that children reared here from their infancy could form a fair average of a healthy population?

Dr. Duncan—I think healthy children can be reared here if we had proper accommodation; I believe that under any improved system here, the mortality would be greater than out of doors.

Mr. Roper—Have you ever known any paupers to be put into the nursery for punishment? (a laugh.)

Dr. Duncan—I have.

Chairman—Was not this brought before the board and immediately put an end to?

Dr. Duncan—It was.

To Mr. Roper—The matron sent female paupers there for punishment, because it was a very filthy place, *ex necessitate;* paupers were also put into the epileptic wards for punishment.

Chairman—Was not this also brought under the notice of the board, and immediately put an end to?

Dr. Duncan—It was.

Mr. Roper having concluded his examination of the medical officers, some further discussion took place, after which

The Chairman asked Dr. Duncan, was it not the fact that the infants admitted into the house were generally from classes where destitution and disease were to be found?

Dr. Duncan—Yes; many of the infants had died from diseases which their mothers had.

Chairman—You said, in answer to a question from Mr. Roper, that the mortality amongst the infants in the house was excessive. Did you then consider the state of destitution and disease in which they generally are on admission?

Dr. Duncan—I did.

Mr. Roper—I thank you for that Mr. Chairman.

The Chairman—Mr. Roper, I am only desirous to have the truth brought forward. I have no other object whatever in view (hear, hear).

Dr. Duncan, in answer to a question put to him, said, we have had a great number of infants who were sent into the nursery, and died afterwards. On examination of the bodies, after death, we found tubercles developed which arose from scrofula. These tubercles originated in the defective state of the constitution; and after seeing this, I brought the subject of the overcrowding of the nursery under the notice of the board. There was one case which he remembered: a female pauper got a pass some time ago to go to Donnybrook, and shortly after she returned she was found to be *enceinte;* she was delivered afterwards in the house. The child was placed, together with the mother, in the ward with the House of Industry paupers, where it never got a breath of air.—The child ultimately died, and he was told by the mother afterwards that she never took her child out of the house.

Captain Cottingham said it appeared to him that the only thing to be done was to make the alterations necessary. The board had done all they could do.

Dr. Kirkpatrick observed that during six weeks in November and December last 76 children got the measles. It was a very mild description, yet 24 of them died; and he could state most positively that every one of them had scrofula. He and Dr. Duncan found this to be the case on examining the bodies after death. There were 20 children lately sent over to the convalescent wards, and every one of them were highly scrofulous. The slightest puff of air this winter would put an end to their existence.

To Mr. Arkins—I think that the sending these 20 children to the country will be the only chance of saving their lives.

To Captain Cottingham—Some of these twenty children have mothers, and some of them were orphans.

To Mr. Law—I think that with respect to these children, no matter what improvements may be made here, it will not save them.

To Mr. O'Gorman—I attribute their having scrofula to their being put to sleep in crowded dormitories, and after that being brought down to the day-room when the floor had been washed and was damp, and also being then carried into the air. Such changes were certain to bring scrofula on them.

To Mr. Law—A vast number of the children enter the house with scrofula on their bodies.

To Mr. Arkins—I think of the 20 children I have spoken of the majority of them, between two and five years, got scrofula in the house.

To Mr. Roper—I think some of them are too far gone to recover.

A Guardian said the board would be answerable for the death of those 20 children.

The Chairman—Do you think it advisable that the board should tell the mothers of those children that they must go outside the gates with their children?

Dr. Duncan said he did not think that a fair question.

Dr. Kirkpatrick—I have myself told the mothers I did not think their children would recover, and that they might try country air if they pleased.

The Chairman—I am not answered yet. I will put the question again to the medical officers. We have no power by the poor-law act to send those 20 children to the country, but we have the power of sending them, with their mothers, outside the gates. Do you, therefore, think we ought to send them outside the gates?

Dr. Kirkpatrick—I think that, tied up as the board are, the best way would be to let them remain rather than turn them out.

Dr. Phelan, to Dr. Kirkpatrick—Are you aware that the commissioners have no power to tell the guardians to send the children to the country to be nursed?

Dr. Kirkpatrick—I am.

Dr. Kirkpatrick to Mr. Arkins—If those twenty children had been sent to the country three months ago some of them would in all probability have been cured.

Mr. Arkins said that he belonged to an orphan society in Michan's parish, and they had got 64 orphans

in halls and other places, and sent them to small farmers wives in Clondalkin to be nursed, and out of 64 but two died. They paid £3 per annum for each of them, and £1 per annum clothed them constantly.—He believed the object of the present inquiry was, in order to enable the board to apply to parliament to be empowered to send the orphan children out to nurse in the country. It would be a saving of one-half what they cost by keeping the nursing in the house, and they would be brought back in about eight years fine healthy children.

Dr. Duncan, to Mr. O'Gorman—I think the mortality here greater than the mortality in Church-street and the neighbourhood, or the Liberty.

After some further discussion, Captain Nowlan said the present inquiry would be of great importance; but he saw nothing in it to alter his first opinion, which was, that the fault rested with their officers.—Their officers ought to have taken better care of the children committed to their care. As to a workhouse being a fit place for rearing orphan children, that could never be supposed for an instant.

Mr. Arkins thought it would be the duty of the board, situated as they were, to subscribe ten shillings each to enable them to send the 20 children, for whom the doctors told them there was no other chance, to the country.

The Chairman and several guardians said this would be useless, as they were not empowered by the poor-law act to send the children to the country.

Dr. Duncan, in reply to a question put to him, said he thought they would never have the house without twenty or more sick children. He thought the only remedy would be to get a legislative enactment empowering the board to send the children to the country.

Mr. Arkins—Aye, but the children will be all dead before we get that. Sir Robert Peel put off the meeting of parliament until February.

Dr. Duncan—I know that within the last week or fortnight there have been children admitted into the house who are far gone into consumption. It is impossible to prevent consumption here under the best management.

Mr. Roper said he would conclude the inquiry by giving notice of a motion for next day—"That the board should apply to parliament to empower them to send out orphan children to the country to be nursed—that the board should forward a request to the poor-law commissioners to have the application of the board presented to parliament;" and if they would not do it, then the board should place the subject in the hands of their representatives in parliament.

The Chairman said he did not conceive at all that there would be any occasion to adopt the latter course. He was sure the commissioners would pay every attention to an application from the board; but would it not be better for Mr. Roper to let it be sent forward to government with other amendments in the act that they considered requisite.

Dr. Phelan said the Poor Law Commissioners would do anything in their power to have the poor-law act amended.

Mr. Roper gave notice of his motion for next board day.

The medical officers then left the board room.

Dr. Phelan said he hoped the number of children admitted, discharged, and of those who died, would be fully given, so that the public may judge. He would take the liberty of observing that, on looking over the books on the previous day, he found that the state of health of the paupers was taken down by the assistant master. He did not think him a competent person to take that down. Next the medical officers did not see the paupers admitted until many days after their admission.

The Chairman said the order of the board was, that no pauper should be admitted until seen by one of the medical officers.

Mr. Read, the master, who was in attendance, was questioned as to the fact, and said that the medical officers did not see the paupers in some cases until after their admission. They said they could not, being kept busy.

Dr. Phelan said he thought that the very great mortality which had been believed to exist in the house, through the newspaper reports, would be found not to be so very great at all, considering similar institutions.

Mr. Sinnott said he would beg leave to move the following resolution:—"That the Board of Guardians of the North Dublin Union regret having learned, from their medical officers, that there are about twenty children in this establishment so much diseased (said disease having been engendered in this house) that there is no chance of their continuing to live except by being sent to the country; and that we therefore request the board of commissioners to at once apply to government in order to have said children removed from this establishment, and sent at the expense of the government, to the country." If any gentleman would second it, he would wish to put it from the chair.

The Chairman and several guardians said it would be useless to put it from the chair, as they could not legally comply with it.

Mr. Arkins said he would second it, although he knew it was useless.

Mr. Sinnott said he should beg of the chairman to put it from the chair. It would clear his (Mr. Sinnott's) conscience.

The motion was then put from the chair and lost, Messrs. Sinnott and Arkins alone having voted for it.

The board then adjourned.

KILKENNY UNION.

At the meeting of the Board of Guardians, held on the 2nd inst., Doctor Cane was elected medical attendant.

APOTHECARY.

The Chairman next read the proposals of candidates to the situation of Apothecary, and for which the Board had fixed the salary at £15.

Mr. Peter Shortall's proposal stated that he was ready to accept the office "at a more advanced salary than that proposed."

Mr. S. Clifford's at a salary of £30, but with the distinct understanding that he was not to have any thing to do with the "minor operations of surgery."

Mr. Joseph Shee's at the salary offered by the board.

The Recorder said it was evident, from the proposals just read, that the salary of £15 offered by the Board was not sufficient—he would, therefore, give notice that, at the next meeting of the Board, he would propose to increase the salary to £25.

Mr. Michael Sullivan said he was authorised by one of the candidates, Mr. Shortall, (who had testimonials of the highest respectability) to state that since he sent in his proposal, he made up his mind to accept of the situation at the salary offered by the Board. Mr. Sullivan read a note from Dr. Colles recommending Mr. Shortall as a candidate for some Dublin institution.

A discussion here took place, several of the Guardians declaring that it was evident from the course, taken by Mr. Shortall, he calculated upon getting an increased salary.

The Hon. Mr. Wandesford moved, by way of amendment that the election of an apothecary be postponed until after the Recorder's motion, of which notice had been given, was disposed of.

The amendment was put accordingly, and carried.

Kilkenny Journal.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, DEC. 2.—Council met.

Resolved—That as it is highly probable that proceedings affecting the medical profession, and especially the Infirmaries, Fever Hospitals, and Dispensaries of Ireland will be brought forward early during the ensuing session of parliament, it appears to the Council, desirable, that the anniversary meeting of the Association should be held at an earlier period than usual, in order to permit of the fullest possible consideration being given to these important subjects by the profession at large. The Council, therefore, propose the first Wednesday in March, as a day which would be sufficiently early to give the profession time to look after their interests, should any invasion of them be attempted; but in order to give country members an opportunity of expressing their opinions, this change will not be finally determined upon, until this day fortnight.

The Treasurer reported the receipt of the following sums;—

Dr. Geary, sen., Limerick, 10s.,	renewal subscription.
Dr. John Wilkinson, Limerick, 10s.,	do.
Robert Gabbett, Esq., Limerick, 10s.,	do.
Dr. William Geary, Limerick, 10s.,	do.
Dr. Thomas Kane, Limerick, 10s.,	do.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 8, 1841.

OPERATION OF THE WORKHOUSE TEST IN THINNING THE POPULATION.

We trust we may be excused for prefacing the few observations which our limited space permits us to make upon the recent painful proceedings in the North Dublin Union Workhouse, by the following rather long quotation from a discourse upon 'medicine, considered in its relations to government and legislation,' delivered before the Royal College of Surgeons and a number of distinguished visitors, nearly three years since:—

"Nay, had even a small portion of knowledge of *political medicine* been present in the national councils, we should not now have to dread the working out of that recent and most unhappy blunder—the Irish poor-law. We should not have a measure, no doubt intended well, and, if well-devised, capable of effecting immeasurable good, defaced by the quackery of men possessed of but one idea (that of the workhouse test), and inconceivably ignorant of the moral and physical constitution of the people for whose necessities they undertook to provide. The workhouse test! and for a people sunk into a condition as near to actual starvation as it is possible for human creatures to endure. But the ingenuity of the idea must not be allowed to pass without full notice. Of all the blessings which a bountiful Providence has bestowed upon his creatures, these unhappy people can scarcely be said to enjoy more than one—the free access of pure, unvitiated air; half-fed, miserably clad, and still more wretchedly housed, it is to this alone that they are indebted for the amount of health which they possess; yet, the deprivation of this solitary blessing is to be made the test of their destitution, of their worthiness of relief at the hands of the community. What must be the consequence if (which I scarcely think can be the case) the present absurd scheme be persisted in? As certainly as these people, unused as they are to animal food, and destitute of stamina as they must consequently be; as certainly as they are collected, young and old, aged and infirm, into large masses, and deprived of a free ventilation, so surely will the 'able-bodied' constitute centres of the most pestilential maladies—*so surely will the young become victims to that dreadful scourge of the human race, scrofula, with all its lamentable results.*"

The discourse containing the foregoing passage, was published in March 1839, and was then placed in the hands of the poor-law commissioners, and of several members of the Irish government—of its prophetic truth, our columns, this day, contain melancholy evidence, and we cannot reflect upon the neglect with which it was treated, in common with other similar warnings, without having forcibly brought to our recollection the observation of a distinguished and most reverend prelate, who was present on the occasion when it was spoken. "Sir," he said, "you are labouring under a most absurd mistake, in supposing that the Irish poor-law was ever designed to relieve Irish destitution. Its sole end and use can only be to thin the population."

Whatever may have been the original design of the framers of this law, it is now manifest that the working of the measure fully justified the sarcasm. Dr. Duncan, the physician to the North Dublin Workhouse, has stated, that in that institution the average mortality of children under two years of age, has been 61.3 per cent., per annum, (by the way we make it from Dr. D.'s figures, 63.2) while the average mortality among the same class of individuals in London, is only 14.1. This single announcement speaks volumes, as to the necessity for investigation, and as we propose not to enter at length into an examination of the details, until the inquiry shall have been completed; we shall, for the present, limit ourselves to a few observations upon the mode of conducting it.

It is impossible not to be struck with the difficulties of the position in which Mr. Roper, (the advocate of the poor on this occasion) is placed. The length of time wasted in frivolous opposition, at the commencement of the proceedings, clearly shows that poor-law influence has been at work among Mr. Roper's colleagues. The chairman, Mr. Barlow, is manifestly intent upon "carrying out the *law*"—that is the phrase—but we have no right from former experience to expect anything else from him. From Mr. Law we should have hoped for a more independent line of conduct than that which he adopted, and we still trust that he may change his course. He should at once dismiss from his mind, the idea that an exposure of the awful secrets of the system, will 'injure the guardians in the eyes of the public.' No such thing! the public know that it is to the *system* and not to the guardians that blame should be attached, and the latter can only make themselves *participes criminis*, by a vain attempt at concealment. We can inform some of the party that they have already seriously 'injured themselves in the eyes of the public' by their conduct towards Mr. Roper, and we would advise them in all good feeling to change their tone. We would also gladly be instrumental in removing a delusion under which some of these gentlemen appear to labour; we allude to the doctrine so often magisterially announced by the Justice Shallow who occupies the chair, that it is useless to stir because the Poor Law Act does not empower them to adopt this or that remedy for the evils of the case. We cannot suppress our disgust and astonishment, that such a doctrine should be listened to in an assembly of free British citizens.—British law is not like the laws of the Medes and Persians unchangeable. The objects, essence, and dis-

tinguishing characteristic of our noble constitution, is the making of provision for the continual adaptation of the laws to the wants of the people. He deserves not the name of a British citizen, who, having learned that a particular law brings misery and death upon the humblest and most defenceless of his fellow-subjects, will not struggle, *unguibus et rostro*, for its abrogation. Whenever, therefore, Justice Barlow declares that if the law be not carried out, "the council shall bear it, it is a riot," we confidently hope the reply of his colleagues will be a long pull, a strong pull, and a pull altogether, of course, by the constitutional mode of petition, for a complete and sweeping alteration of the law.

So much for the duty of the guardians; it is manifest, however, that Mr. Roper's main dependence must be upon the firmness and discretion of the medical officers, and we are happy in being able to congratulate the profession, and the friends of humanity generally, upon the conduct of these gentlemen on Wednesday last. Dr. Duncan's statement of the case (although his figures are in some trifling particulars erroneous), and the firmness with which he resisted the browbeating of Justice Barlow, as well as his exposure of the shallow ignorance of that statistical luminary of the commission—Mr. Denis Phelan—deserves particular attention. We shall, however, tell a story for the benefit of Dr. Kirkpatrick, which we sincerely hope he may not take amiss. "*Fivey, primus*," said a reverend tutor of Trinity College," does the earth go round the sun, or the sun round the earth?" "The sun round the earth sir?" was *Fivey primus*' reply.—"*Fivey secundus*, what do you say?" inquired the tutor. "The earth goes round the sun, sir," rejoined *Fivey secundus*. *Fivey tertius* was now applied to, and with prudent caution answered, "sometimes the one and sometimes the other." What upon earth did Dr. Kirkpatrick mean by telling Mr. Denis Phelan, that his mode of calculation, wrong in its elements, and of course false in its results, should be considered as well as Dr. Duncan's? We would warn him seriously not to think of temporising in this matter; but we hope that the subsequent delicate attempt of Mr. Denis Phelan, delicately seconded as it was by Robert Shallow, Esq., to insinuate blame against himself and his colleague, when their backs were turned, may render our warning superfluous. We have much more to say upon the entire subject, but mean to defer our observations until further progress has been made in the investigation.

CAUTION TO OFFICERS OF MEDICAL CHARITIES IN IRELAND.

We have learned that a letter marked "private," bearing the signature "Denis Phelan," and sealed with the seal of the Poor Law Commission, has been recently circulated among *some* of the officers of the medical charities. The object of the letter is to obtain an opinion "on the medical charities' report, and the suggestions offered by the Poor Law Commissioners for an improved system of Dispensary and Fever Hospital relief, and for *extending Infirmary relief*."

The communication is so worded as to lead individuals to suppose that they are peculiarly in the favor of the writer, in the hope, no doubt, of thereby securing a favorable reply. We would caution those who value their rights and independence, against being trepanned into a hasty, private and *ex-parte* expression of opinion upon a subject, which should be fully considered by the whole profession.

The great length to which the report of the important proceedings in the North Dublin Workhouse has run, obliges us to leave out several articles.

PROMOTIONS.

MILITARY.—8th Foot—Assistant-Surgeon J. Maitland, M.D., from the 83d Foot, to be Surgeon, vice Fraser, who retires upon half-pay.

83d Foot—J. Macbeth, M.D., to be Assistant-Surgeon, vice Maitland.

3d West India Regiment— Assistant-Surgeon J. Tonnere, from the Staff, to be Assistant-Surgeon, vice Foulis, promoted.

Hospital Staff.—Assistant-Surgeon A. Foulis, from the 3d West India Regiment, to be Staff-Surgeon of the Second Class. To be Assistant-Surgeons to the Forces, J. R. Fennell, Gent.; J. Trench, Gent; D. Stewart, Gent.

CIVIL.—His Excellency the Lord Lieutenant has been pleased to make the following appointments:—

Physicians in ordinary—Dr. Robert Law, and Dr. John Banks.

State Surgeon—Gerard Macklin, Esq.

Surgeon to the Household—G. W. Hatchell, M.D.

State Apothecary—D. Packenham, Esq.

Sir Edward W. Head, Bart., one of the Assistant Poor-Law Commissioners, has been appointed Chief Commissioner, in the room of Mr. Shaw Lefevre, resigned.

OBITUARY.

In London, Dr. Birkbeck, founder of the Mechanics' Institutions of Great Britain.

OXIDE OF SILVER.

G. LEWIS,

OPERATIVE AND DISPENSING CHEMIST,

33, *Leicester-square*,

BEGS to inform the Profession that he alone prepares the above Valuable Medicine, according to Mr. Lane's formula. In consequence of the increasing demand, and to render it more generally available, G. L. has made a considerable reduction in the price. A supply, with full particulars and directions for its employment, may be obtained by post, direct from G. LEWIS, or through the medium of any Wholesale Druggist. The genuine preparation has the written signature of "Geo. Lewis" on the Label.

ATHY FEVER HOSPITAL.

AT a Meeting of the Committee held this day—The Right Hon. Lord DOWNES in the Chair—

It was Resolved—We, the undersigned Members of the Committee for conducting the Athy Fever Hospital, having seen a report made by two Poor-Law Commissioners—Drs. Phelan and Corr—respecting the election of a Medical Officer for this Institution, feel ourselves called upon to state that said report is, in many respects, regardless of the feelings and position of the Medical Practitioner, unjust to the Governors and Managers of this Institution generally, and calculated to give much cause of offence, by concealing, in many instances, the truth, and giving currency to statements both partial and erroneous.

DOWNES.
F. S. TRENCH, Clerk.
JOHN BAGOT, Clerk.
B. L. LEFROY, J.P.
ALFRED HAUGHTON.
FREDERICK F. J. TRENCH, Clk.
THOMAS FITZGERALD.
JOHN D. WATERS.
A. G. JUDGE.
JOHN S. HENRY.

Ordered—That the foregoing Resolution be published in the MEDICAL PRESS and *Leinster Express*, and that copies be forwarded to the Chief Secretary, the Poor-law Commissioners, and Solicitor-General.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, December 8, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX.

No. CLIV.] DUBLIN, WEDNESDAY, DECEMBER 15, 1841. { PRICE SIXPENCE. STAMPED.

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXIV.

At our last meeting I described to you, gentlemen, three forms of colic, one of which depended on *distention* of a portion of the intestinal tube, without necessarily including any other lesion; another on *intussusceptional*; and a third on *hernia*, or on the strangulation of a part within the abdomen in a manner somewhat similar to hernial strangulation. Of the latter forms I showed you some interesting examples amongst the preparations in our museum. We now go on to the colic that stands next in my catalogue, the *Infantile*, or the *Colica Lactantium*. On this I need not say much; I may commit it, as I have done with most other complaints of children, to Dr. Maunsell's care, merely saying that, as its name implies, it is a colic not uncommon amongst children on the breast; that it is marked by severe pain, constipation, sometimes vomiting, and occasionally convulsions; that its exciting cause generally is improper food crammed down the child's throat, or the milk of a fretful, unhealthy nurse, &c.; that the proximate cause may be flatus, irritating feces, slight intussusceptions, &c.; and that the remedies are a change of food, a change of nurse, a warm bath, with such mild aperients and carminatives as will readily suggest themselves to your mind.

Colica Pictonum comes next, and though last not least. It is a severe disease in itself, and it is usually the forerunner of serious mischief, which will soon show itself in a very different way, such as palsy and apoplexy, if the exciting cause be continued. This disease is known by various appellations; it is called the *lead colic*, because well known to be occasioned by the action of lead on the system. It is called the *painters' colic*, because painters who use lead in their colouring stuffs, are very liable to attacks of it. The inhabitants of Poictou were very subject to it, owing to the acetate of lead with which they used to correct the acidity of their wines, hence it got the name of Colica Pictaviensis, or Colica Pictonum; now though this is the same as the painters' colic, yet it is not the Latin for it; colica pictorum would be the translation of painters' colic, colica pictonum is the colic of Poictou. It is called Devonshire Colic for a similar reason, being formerly prevalent in Devonshire where the cider used to be sweetened as the wine was in Poictou, or accidentally adulterated by the lead used in pipes and cisterns. It is the same as the *dry belly-ache* of the West Indies, where the new rum, accidentally impregnated with the lead which forms the worm and other parts of the distilling apparatus, often causes this complaint. It is called the *Saturnine Colic*, preparations of lead being called Saturnine; and for aught I know, it may have many other names—oh, yes, one more I have heard it called, the *Plumbers'* Colic, for an obvious reason.

Colica Pictonum sometimes commences very abruptly with all the symptoms of a severe colic, but much more generally it comes on slowly and insidiously, with dyspeptic symptoms; there is loss of appetite, uneasiness in the region of the stomach, slight nausea, torpid bowels, frequent and ineffectual efforts to evacuate, unrefreshing sleep, and, in some cases, increased flow of saliva from the mouth; then the stomach becomes irritable, rejects the food, and with it greenish bile, and ropy mucus; the uneasiness of the stomach spreads over the abdomen, and is succeeded in the epigastric region by cramps, which in turn spread extensively; the cramps and pains are

severe, but not constant, there being at first complete intervals of ease, afterwards the length of the intermissions becomes less, and at last there are no perfect intermissions at all, but merely some marked remissions; the remissions and the exacerbations are longer than in other forms of colic; the suffering is usually greatest at night, and especially about the navel and epigastrium: pressure on the epigastric region, is unpleasant, but it is well borne over the rest of the abdomen, and often gives some relief; the abdominal muscles are usually flattened or drawn towards the spine hard, contracted, and knotted; rarely they are elevated and distended; the bowels are obstinately costive, and either there is no motion at all, or only scanty, scybalous ones, like the droppings of sheep; the urine is diminished in quantity, yet healthy in appearance; pains in the head, racking pains in the knees, calves, ankles, and soles of the feet are generally experienced; there is great prostration of the strength; a dull, anxious, gloomy expression of countenance, and much despondency of mind attends; sometimes a mild delirium takes place, and continues throughout; the pulse is not much affected, it is sometimes accelerated, but it is as often retarded, and oftener natural, or only a little hurried by the suffering of the time, no febrile excitement or inflammatory action forming any essential part of the disease; but peritonitis will now and then come on, and ought to be looked for, in which case we shall of course have the quickened pulse, and the other signs of that formidable complication; an irregular clammy perspiration is often present, and the patient generally finds some relief in keeping the knees bent on the abdomen.

Well, this affection may last six or eight days, and go off gradually, or it may be relieved quickly and effectually by suitable remedies, or it may run into some head affection, or it may be followed by a peculiar kind of palsy. First attacks generally terminate favourably; but if the patient be again exposed to the causes which first brought it on, he is sure to have a return of the disease, and this may not be so easily got rid of. He recovers slowly and imperfectly; the colic disappears, but it leaves him greatly debilitated, and there is a want of power in his limbs almost amounting to paralysis. After two or three attacks, sometimes sooner, he finds that when the colic is gone, and the debility going, there is a palsy of some extremity.

In most cases the *palsy* is confined to the upper extremities, and generally to one side; it is of a peculiar kind, attended with great emaciation of the muscles, more especially of those which supply the fingers and thumb; the ball of the thumb is flattened and wasted, yet the extensors show the paralysis most; the patient cannot straighten the wrist, or extend the hand on the forearm, it dangles by his side, or hangs down nearly motionless when he raises the arm; he can use the flexors a little, so as to take a feeble hold of objects; the sense of touch is not impaired. In some cases the symptoms of colic are scarcely maked at all, yet the paralysis comes on, as if the abdominal portion of the disease had been passed over, or only represented by dyspeptic ailments. The paralysis is very obstinate the muscles of the limbs are racked with flying pains; colic returns from any slight exposure to the poison of lead, and the patient is worn out and sinks under this painful and distressing malady.

Head symptoms occasionally set in, when the disease is very severe or neglected, and especially in persons of the nervous temperament. There is great debility, a very scanty secretion of urine, giddiness in the head, and sickness of the stomach; then the symptoms of colic, at least the pain in the bowels diminish, and the uneasy sensations in the muscles of the extremities subside; the patient becomes comatose, the pulse labours, convulsions come on, and death follows either suddenly, or after a couple of days passed in a comatose and partially convulsed state. Recoveries from these cerebral affections are very uncommon.

The *causes* of colica pictonum are either remote or proximate. The remote cause is in general lead, in some way or other introduced into the system; but copper seems to have a similar power, though in a very minor degree; and in some few instances this form of colic appears to have arisen from other causes. The various names given to the disease, I mentioned several of them, explain how this poison is often introduced. We find, too, that *miners* of lead are subject to this colic, at least such of them as are engaged at the smelting furnaces; for it does not appear that metallic lead, or lead in the unoxidated state, has any deleterious powers. The men who are engaged in the manufactories of white and red lead are very subject to the complaint. Glassblowers and potters use oxides of lead in their manufactories, and sometimes suffer. Even the druggists who sell colours, preparations of lead, are not exempt. Copper, I said, has produced the disease; it has occurred in persons who used copper vessels in cooking; and it has been seen in copper-smiths, and brass-founders. Dr. Christison, in his able work on poisons, quotes from M. Merat, a list of the trades which expose the wokmen to attacks of colica pictonum; in a record of 279 cases treated in the Hopital of La Charite in Paris, 241 were in artisans, whose trade exposed them to the poison of lead, namely, 148 painters, 28 plumbers, 16 potters, 15 porcelain-makers, 12 lapidaries, 9 colour-grinders, 3 glass-blowers, 2 glaziers, 2 toy-men, 2 shoemakers, 1 printer, a lead-miner, a leaf-beater, and a shot manufacturer. Of the remainder, 17 belonged to trades in which they were exposed to copper, namely, 7 button-makers, 5 brass-founders, 4 braziers, and a copper-turner. The remaining 21 were tradesmen, who worked little, or not at all with either metal, namely, 4 varnishers, 2 gilders, 2 lock-smiths, a hatter, a saltpetre-maker, a wine-grocer, a vine-dresser, a labour, a distiller, a stone-cutter, a calciner of gypsum, a soldier, a house-servant, a waiter, and an attorney's-clerk. He also states the ages of the patients, and the statement shows, that every period of life is almost equally liable to it, for the numbers affected at each period correspond pretty nearly to the relative number of workmen of similar ages. Thus, of the 279 cases, 24 were under 20, and among these were several painters' boys not above fifteen years old; 113 were between nineteen and thirty; 66 between thirty and forty; 38 between forty and fifty; 28 between fifty and sixty; and ten older than sixty. Among the 279 cases, fifteen died, or 5.4 per cent.

The acetate of lead is now so much used in medical practice, for the purpose of checking diarrhœa, or as a remedy in cholera, or to check hæmorrhages, and profuse salivations, that it is necessary to say a word on its internal use. I have not, myself, seen any bad consequnces from its internal administration, though I order it every day in diarrhœa and hœmoptysis, but

I have never given it in very large doses, nor for any very long period; I have seldom used more than from a scruple to half a drachm in the twenty-four hours, nor continued it, even in this quantity, more than two or three days; a scruple in an eight ounce mixture of distilled water, with a drachm of distilled vinegar, being my usual prescription, and to be taken two spoonfuls at a time, every third, fourth, sixth, or eighth hour, as the circumstances of the case may require; or a scruple of the acetate, with a couple of grains of the watery extract of opium, and ten grains of aromatic confection, formed into eight pills, one to be taken three, four, or six times a day. In one case where I was using it for diarrhœa, some symptoms came on which at first suggested the idea of its deleterious action, but the mistake was almost immediately discovered; the symptoms were those of a much more formidable disease, peritonitis arising from a perforation in the ileum by an ulcer which had been keeping up the diarrhœa, for which I had ordered the acetate of lead. Dr. Christison has given the acetate of lead in divided doses, to the amount of eighteen grains daily, for eight or ten days, without remarking any unpleasant symptoms whatever, except once or twice slight colic. Mr. Daniell,in a paper in the *London Medical Repository*, on the effects of lead as a remedy for mercurial salivation, states that he gives the acetate in ten grain doses, three times a day, without any bad consequence, except a slight colic after the fourth dose, and that only occasionally.

But we are not to venture too far with this poisonous drug. Van Swieten says, "I saw, not long ago, a young nobleman, who, by taking a drachm of lead in an emulsion every day, for ten days running, fell into this disease (Colica Pictonum) and very narrowly escaped with his life." Sir George Baker gives in one of his essays, the case of a soldier nearly poisoned by the acetate; he took a drachm of it in milk to cure a diarrhœa, and in five hours after, he was seized with pain in the bowels, and a feeling of distention at the umbilicus; he then took another drachm, and was soon after seized with bilious vomiting, loss of speech, delirium, and profuse sweating, while the pulse fell down to 40. He recovered, however, under a diluent and purgative treatment. Goulard's extract, drank by mistake has been followed, next day, by loss of appetite, paleness, costiveness, excessive debility; then on the third day, severe colic, retraction of the abdomen, loss of voice, cold sweats, locked jaw, violent convulsions and death; the quantity taken was not ascertained. Doctor Christison quotes the case from a French journal. Dr. William Stokes mentions that his father, during a visit to the Lead hills in Scotland, ascertained that various animals in that locality are subject to this form of colic; cows, horses, sheep, dogs and even poultry. The symptoms resembled those which are seen in the human subject. They had obstinate constipation, suppression of urine, and seemed to suffer twisting pains in the abdomen; they panted, started, and slavered from the mouth, sometimes running wildly over the country. Sheep were subject to epileptic convulsions, and paralysis. Dogs ran about the country as if labouring under hydrophobia, but did not bite. Cows ceased to give milk, and hens to lay eggs when the poison began to affect them.

Dr. A. T. Thomson of London, supposes that the carbonate of lead is the poisonous preparation, and that it is through the formation of this salt that the soluble compounds of lead prove injurious to the body—hence the advantage of using distilled water, and adding a little vinegar when administering it; but we see that every preparation of lead, when long continued, internally or externally, may produce the disease, and it is too strange a statement to be admitted without very strong proof, that so insoluble a preparation as the carbonate should be more deleterious than the more soluble salts; analogy is against it, and yet many facts, which I need not now dwell on, seem to bear him out, in a great measure, in the assertion.

Water conveyed through leaden pipes, or kept in leaden cisterns, is in some cases rendered highly poisonous, and in other cases remains harmless; how is this accounted for? It appears that distilled water has no action on lead, if air be excluded, but that if air be admitted, the polished metal becomes dull and white, and a carbonate is the result by which the water becomes impregnated with poisonous properties. The same formation of carbonate takes place if water, containing the usual gases in solution, be allowed to remain in contact with lead; but if water contain neutral salts in solution, the action on the lead is diminished, or entirely suspended. These principles will explain the very different reports which have been made upon the subject.

Now, I think I have said enough on the remote cause of Colica Pictonum; what is its *proximate* cause? and, first, what morbid appearances have been remarked in fatal cases? Senac, a distinguished observer, dissected above fifty cases of Colica Pictonum, yet found no morbid appearances whatever. Mr. Deering examined the body of a lady who had the usual symptoms of colic, and died convulsed, but he was unable to find any morbid appearance. However, Merat, mentioned before, made four inspections after death, and found the alimentary canal quite empty, and the colon much contracted, in one instance to an extraordinary degree; the mucous coat of the intestine was every where healthy, and he concludes that the disease is in the muscular coat. The brain did not exhibit any trace of disease, though coma had preceded. Schloepfer found in rabbits which had died of Colica Pictonum, that the large intestines were excessively contracted, but all the other internal organs of the body were healthy, except the liver, which was dark and brittle; the muscular system was pale, bloodless, and flaccid. John Hunter found the muscles of an arm which had long been palsied (by lead), pale, almost cream-coloured, their fibres distinct, opaque, dry, and tough. Now how do these appearances explain the symptoms? Lead given internally seems to have great power in stopping diarrhœa and hæmorrhage from surfaces. It acts, we may suppose, upon the capillaries, contracting them in some way, this would cut off the supply of blood from the muscles, and be followed by paralysis and paleness of their fibres. Such paralysis acting upon certain portions of the alimentary canal, would stop their peristaltic motion, and the stoppage would have an effect like strangulation, it would excite the sympathy of the part next above, giving rise to the pain, the twisting, the inverted action and so on. The suspension of the functions of the capillaries would also account for the racking pains in the extremities, which are often experienced, the natural supply of blood being cut off from the muscles, and perhaps from the nerves, and the want of a proper supply of blood to the tissue of the brain may give rise to the convulsions, coma, &c., which occasionally attend. In this mode of viewing the subject, the *proximate* cause of Colica Pictonum is a contracted state of the capillary system, and if this be granted, as it appears to be very generally, then the various phenomena of the disease may be easily accounted for.

When a person labouring under the symptoms of painters colic presents himself, we should, of course, first satisfy ourselves that it is this form, and no other

The symptoms alone will in most cases enable us to decide, and the history will generally confirm us.—We enquire after his trade, the food, the water, the medicine he has taken; and if we find that he has lately taken into the stomach any suspected dose, we *pump* it out in the first instance, using as a means of washing it out, a solution of the phosphate of soda, or of an alkaline or earthy sulphate, as these will help to decompose the poison; and if no stomach pump be at hand, we may give an emetic, suppose a scruple of the sulphate of zinc. But our patients, in this disease, have usually taken in the poison slowly and gradually, and cannot be said to have any portion of it in their stomachs when they come to us; they are labouring under its effects upon the alimentary canal, or on the head, or on one of the limbs; let us consider each of these.

The *abdominal* symptoms are usually treated by a combination of purgatives and anadynes, variously administered; thus Pemberton recommends the following draught:—

℞ Olei Ricini semunciam
vitelli ovi q. s.
Tincturæ opii guttas viginti
Aquæ menthœ piperitidis unciam
M.—Fiat haustus, sexta quaque hora sumendus.

At the same time, he advises, that injections of warm water, with forty minims of tincture of opium, should be administered, and fomentations applied to the abdomen, or a warm bath given. In case the stomach will not bear the castor oil, he says a solution of magnesiæ sulphas, in aqua menth. pip. with tinct. opii. will answer every purpose, and if this should be rejected; we must attempt to procure the freedom of the bowels by the following pills:—

℞ Hydrarg; submuriat: gr. v.
Aloes socotorin:
Opii purificat: ää gr. i.
Contunde simul et fiat pilula, quarta quaque hora sumenda.

When evacuations have once been procured, he thinks a great difficulty is overcome, and that the patient will be restored to health by the constant use of the oily draught, or by half an ounce of neutral salts every morning in broth, containing a large portion of fat.

Christison recommends a full dose of a neutral laxative salt, and in an hour after a full dose of opium; he says, that sometimes alvine discharges take place before the opium acts, more commonly not till its action is past, and occasionally not for a considerable time after; but the pain and vomiting subside—the restlesness and irritability pass away—and the bowels return nearly or entirely to their natural condition. Sometimes it is necessary to repeat the dose, but it is almost always successful. In my practice, and I have treated a good many cases of painter's colic, I give the anodyne first, and the purgative afterwards. I generally give thirty drops of tincture of opium in an ounce of cinnamon water, or in an effervescing draught, by which means I allay in some degree the irritability of the stomach, and lessen the pain; sometimes I repeat this in the course of an hour if the pain be violent, or the first draught rejected; then I order the following mixture:—

℞ Infusi rosarum. ℥vii.
Acidi sulphurici diluti. ℥i.
Sulphatis magnesiæ. ℥i. M.
Fiat mistura, cujus sumantur. ℥ij.—2dis. horis.

I also have the abdomen stuped with flannels wrung out of hot water, and sprinkled with tincture of opium and spirits of turpentine, or I put the patient into a warm bath, if that can be conveniently procured. Should these fail to give relief in the course of six or eight hours, I throw up a large emollient enema, a quart of warm water, or chamomile tea, with a drachm of soap dissolved in it, and twenty drops of laudanum. Should the red mixture have been retained, this enema is almost sure, with it, to free the bowels; after which things generally go on smoothly under a continuation of the red mixture, and the injections, leaving out the laudanum. Instead of the anodyne draught I give, when the stomach is peculiarly irritable, four or five grains of calomel, with one of opium, and three of extract of hyoscyamus, in a couple of pills, and afterwards either the infusion of roses with epsom salts, or the rochelle salts in a state of effervescence, frequently repeated, until the bowels act. Patients, especially if a little advanced in life, often prefer castor oil, and Daffy's elixir with peppermint, to any other purgative draught, and it rests well on their stomachs, though so nauseating to younger persons; there is no better aperient in this case than castor oil, so you may indulge the taste of your patient: let him have an ounce of castor oil, with three drachms of compound tincture of senna, and an ounce of the aqua meuth. pip., and in four hours after, give him another half ounce of oil, with two drachms of the tincture, and peppermint; help this with an enema soon after, and if necessary repeat both draught and enema in the course of three or four hours more. If you can reckon still further on the imperturbable state of your patient's stomach, you may add with advantage, a couple of drachms of spir. terebinth. to each draught. In young and robust persons, where the pain and spasms were very violent, and the pulse resisting, I have taken sixteen ounces of blood from the arm with considerable benefit.

There are other modes of treating this affection, such as calomel and opium given to salivation, nitrat of silver, alum, sulphuric acid, &c. I have no doubt the salivation with *calomel* would generally succeed, as mercury has such influence over the capillary system, as seen in its power of restoring the secretions; but I would not think myself justified in having recourse to such a remedy, unless the milder means of purgative and opiates had failed. Once indeed, by chance, I salivated a patient with five grains of calomel, which I ordered with opium, preparatory to a purgative mixture; the mouth was affected in twenty-four hours after he took the mercury, and the case turned out most favorably; but I have not intentionally salivated any one. *Nitrat of silver* has been given freely for the cure of this colic, in obstinate cases, when paralysis was also present; and Dr. Roberts has published (in the *Med. Trans.*) two cases in which it was successful. He gave from three to five grains of the nitrat every six hours. I never tried it; nor should I like to do it until after mercury had failed, as well as the other remedies. *Alum* was a very popular remedy, and some medical men have regarded it as a specific; Dr. Percival used to give fifteen grains of it every four, five, or six hours, with unvarying advantage, the third dose seldom failing to mitigate the pain, sometimes entirely to remove it.—M. Gendrin states, that of fifty-eight cases which he treated with it, and many of them had resisted other means of cure, it did not fail in a single instance. M. Gendrin, thinking that the alum might owe its virtues to the sulphuric acid contained in it, substituted for it lemonade, made with sulphuric acid, and found this remedy still more effectual. Twelve very bad and four milder cases were treated with the sulphuric acid successfully, and the last four were cured in twelve hours. You find his paper in the *Archives de Médecine* for 1832. I tried the alum in only one case; it was very successful, and I mean to test it and the sulphuric acid more fully as opportunities offer.

ACADEMY OF MEDICINE, PARIS.

November 16.

ON SCARCITY OF FOOD AS A CAUSE OF MORTALITY.

M. Double read a report in his own name and that of MM. Villermé and Pariset, on a memoir by M. Melier, entitled "Researches on Alimentary Substances in their relations to disease and mortality."

In this memoir M. Melier established, by numerous documents derived from various nations, that the number of deaths always corresponds to the price of food. An economist has said that wherever a loaf grows, there a man is born. Nothing, then, can be more accurate than this metaphor. If we represent the fluctuations of mortality, and those of the price of bread, at various periods, by two curves representing all the fluctuations of these numbers, we shall find the inflexions of the two curves correspond with the most perfect regularity. The constant augmentation of the population of France since a certain period is easily explained by the progress of agriculture, by the changes in legislation respecting corn, but above all by the introduction of the potato. In examining this subject, it must be borne in mind that the effects of a dear season are more felt in the following year than during the dear year itself.

It appears, said M. Donné, from all scientific documents on the subject, that the price of corn exercised, *formerly* (I insist on that phrase), a great influence on disease, on the number of admissions to hospital, and on the rate of mortality. M. Melier has entered into similar investigations respecting more recent periods, and has come to the same general result.—There is, however, a certain difference arising from the progress of civilization, between the results of former and recent observations. For example, in 1816 and 1817, when wheat cost 36 francs the hectolitre, and a loaf cost at Paris about one franc, the number of deaths, though above the average of common years, was yet not excessive. The reason of this was, that the other conditions of existence did not vary in the same proportion. We shall briefly examine some of these other conditions.

There is a general fact rerulting from the history of nations, which may be thus stated, "*Nature supplies food; man causes famines.*" Famines, in a word, are often the consequence of causes quite unconnected with scarcity of food. Political commotions, panic, terrors, &c., may cause a famine: and it is easy to see that the present diffusion of knowledge and the improvement of social institutions render it possible to remove many causes of this class. Again, the improvement of agriculture has supplied various alimentary substances which supply the place of corn, insomuch so that we may say that at present in France the supply exceeds the consumption. The extension of commerce, the rapidity of communication, the better regulation of the customs, have acted in the same direction, by preventing monopoly by the rich, and lessening the privations of the indigent.

Short crops, producing famines, are usually the result of seasons which prevent the ripening of grain. And thus we have usually superadded to the deficiency of quantity a deterioration of quality, which is a new cause of disease. Industry too, especially agricultural labour, is suspended or diminished; but labour, we know, is not merely a means of subsistence but also a condition of health, and an element of morality. Here, then, are additional causes aiding in the deterioration of the public health.

All M. Melier's results were already expected, and their existence indicated by sound logic; he has, however, placed them beyond doubt.

M. Villermé stated that M. Melier's memoir seemed to him to establish a fact of cardinal importance.—When the price of corn exceeds a certain amount, the public health suffers and mortality augments.—This proposition has been already tacitly adopted by every one, but Melier has the merit of giving mathematical certainty to what has been hitherto but an assertion. M. Melier has done justice to the authors who preceded him; but he has not spoken of the researches of John Barton, which is not indeed surprising as that author's work was bought so rapidly, that it is at present hardly known in France, or even in England. It may be, therefore, interesting to the academy to hear a brief analysis of its contents. Mr. Barton divides England (excluding Scotland and Ireland into three districts, according to the branches of industry respectively prevailing in each. 1. The agricultural districts. 2. The manufacturing districts. 3. The mixed manufacturing and agricultural districts. Examining the progress and the proportion of deaths in these several districts, during a period of about twenty years, it appeared that during those years in which bread was cheap, the mortality diminished in the manufacturing districts, but that this was compensated by an augmentation of the mortality in the agricultural districts. This result was constant and was verified in each district separately. Mr. Barton explains the fact rationally, by saying that in the cheap years the farmer derives less profit, and employs fewer labourers, which class consequently are ill fed, and the consequence an increase of mortality. On the other hand, there is an increase of mortality in dear years, but this increase occurs chiefly amongst the manufacturing population; unless, indeed the rise of price is exorbitant, in which case, the mortality is equally shared by the manufacturing and agricultural population. The reverse of the explanation given to explain the effects of the cheap year, explains the effects of the dear year.

GLANDERS IN THE HUMAN SUBJECT.

M. Bouillaud read the following case:

Francois Letellier, aged 17, a day labourer, of a feeble constitution, came under M. Bouillaud's care 27th of June, 1841, having been transferred from M. Velpeau's wards. No distinct account can be obtained of the history of the case; the patient merely states, that about three weeks since he was affected, after some fatiguing labour, with some kind of tumor at the upper and middle part of the thorax; seven days after he came under M. Velpeau's care, when there was slight tumefaction and redness beneath the left clavicle, which was treated by leeches and mercurial ointment. After two days, erysipelas of the face set in—he complained of pains in the limbs—the disease assumed a typhoid appearance, and he was transferred to M. Bouillauds's ward.

On that day, the entire face was somewhat swollen, œdematous slightly red, and little, if at all, painful on pressure—eyelids much swollen, so as to close the eyes—skin of forehead somewhat tense, shining, painful, and of a very pale red colour—countenance depressed—lips and tongue dry—considerable thirst—little appetite—no nausea or pain in throat—abdomen painless on pressure, but swollen and tympanitic—slight diarrhœa—skin hot and dry—pulse 120, rather full, soft, dicrotous—slight cough, without expectoration—headache—no giddiness or tinnitus aurium—intellect unimpaired—great debility—pain in the limbs—three cups of blood were abstracted.

28th.—Was restless and loquacious during the night, and delirious towards morning, but now is collected. There is some snuffling, the nostrils were carefully examined, but there was not the least discharge from them. The patient lies with his head very low, (which M. Bouillaud says was expressly noted at the time, though no suspicion of glanders existed, and which he regards as explaining the ab-

sence of discharge from the nares), other symptoms essentially the same.

29–30th.—Violent delirium set in, requiring restraint—no typhoid petechiæ. A number of pustules have appeared on the face and limbs, which, in their characters, are intermediate between ecthyma and variolous pustules. Over the eyebrows there is a circumscribed swelling with the developement of confluent pustules, and commencing ulcerations.

These pustules immediately attracted M. Bouillaud's attention, as similar to accompanying those acute glanders, and he had the following diagnosis written down: "excepting the absence of nasal discharge, the disease strongly resembles glanders." The patient died the same day.

On examination after death there was discovered, numerous muscular abscesses—several of the cutaneous pustules had become ulcerated—greyish ulcers were found in the nasal fossœ, intermixed with pustules in various stages of progress. A large ulcer occupied the larynx—one of the tonsils contained pus.

M. Bouillaud said, that this was a perfectly marked case of acute glanders, and yet, the real nature of the disease had escaped detection; and was only *quasi*-diagnosed the very day of the patient's death. Several physicians had seen him before he came under my care, and no symptom, no circumstance mentioned by the patient, was calculated to excite the slightest suspicion of the real nature of the disease. At length, severe general symptoms, accompanied with pain and redness of some of the joints simulating rheumatism, induced M. Velpeau to transmit him to my ward, and I, like those who had previously seen him, had not the remotest suspicion of the existence of glanders. The patient always said the attack supervened on fatigue. He never hinted that he had been in the care of horses—made no mention of pain in the nasal fossœ—had no coryza. The case seemed to me an obscure one, and glanders did not occur to me till the pustular eruption appeared, but even then the absence of nasal discharge left some doubt on my mind. But the post-mortem examination fully established the real nature of the disease.

I considered it of great importance to trace the history of the case, and the information I obtained, removed the last vestige of doubt that might have existed; as it was ascertained from his father that he had been in care of two horses in an omnibus establishment, which were affected with glanders. MM. Leblanc and Rayer examined these animals, and found that they actually were affected with glanders.

M. Bouilland said, that this case confirmed all the essential facts that have been hitherto published respecting glanders in the human subject. But it was interesting, as regarded the difficulty of the diagnosis, and shews that acute glanders though infecting parts that are external and palpable to the sight, may yet remain in a *kind of latent state* for a long period, or even until the eve of death. In this disease, however, as in others, where a *latent state* exists, it may be hereafter possible by the acquisition of new etiological, and semeiological data to establish a diagnosis.

The pseudo-variolous eruption M. Bouillaud regarded as an important diagnostic sign. M. Trousseau had recently informed him of a case which he treated at the Hopital St. Antoine, and which was not recognised as glanders, until after death. In this case M. Trousseau had noted as a *curious circumstance*, the occurrence of an eruption which he at first regarded as an anomalous variola, and was on the point of inoculating himself with one of those pustules, but most fortunately refrained from so doing.

M. Bouillaud concluded by calling on the Academy to propose sanatory measures respecting this terrible malady.

N. A. Tardieu, interne of La Charite, exhibited to the Academy the pathological preparations taken from another patient, who, having been in care of glandered horses, contracted farcy and chronic glanders, which terminated in acute glanders, he died under the care of M. Rayer in La Charite, on the 10th November, 1841.—*Gazette Medicale—Gazette des Hopitaux.*

ACADEMY OF SCIENCES.

November 29.

ANATOMICAL RESEARCHES ON THE STRUCTURE OF MUCOUS MEMBRANES. BY M. FLOURENS.

In this memoir, M. Flourens considers the structure of tmucous membrane of the nose, the trachea, and the bladder.

Nose.—The intimate structure of the pituitary membrane, has been hitherto very little known. About the middle of the 17th century, Schneider refuted the old belief, that the pituitary secretion came from the brain, and recognised in the nasal mucus membrane, the true source of that secretion.

Ruysch shortly after distinguished the mucous membrane, properly so called, from the periosteum of the bones of the nose.

Haller was one of the first to speak of the epidermis of the pituitary membrane, but we find no mention of it by either Bichat, Meckel, or Beclard.

Bichat, like Ruysch, appears to have seen nothing in the pituitary membrane, save the layers, the periosteum namely, and the mucous membrane itself. Meckel adds nothing to Bichat's account, and Beclard merely says, "in some parts of the nasal fossæ, the epithelium disappears so gradually and insensibly, that its precise limits cannot be assigned."

Thus, Bichat and Beclard only mention the chorion of the dermis of the pituitary membrane, Beclard only mentions the epidermis of the external borders of the membrane; and no one describes the mucous tissue, which is always interposed in every mucous membrane between the dermis and epidermis.

Three superimposed layers constitute then every mucous membrane; and these three layers are manifestly obvious, on one of the preparations exhibited to the Academy. In this preparation of the mucous membrane covering the spongy bones of the horse may be seen—1. The dermis grooved with lines resembling the nerves of a leaf.—2. The mucous layer. 3. A more delicate layer, which is the epidermis.

Trachea.—The structure of the mucous membrane of the trachea, has been also misunderstood: Haller admits the existence of an epidermis in this situation; but Bichat denies that this is the case. "In no situation, he says, can an epidermis be demonstrated on the mucous membrane of the trachea."

In one of the preparations now presented, the epidermis is displayed on the trachea of a horse. This mucous membrane then, like all others, is supplied with a mucous tissue, and an epidermis.

Bladder.—Haller and Ruysch both recognised the existence of an epidermis in the bladder; but, they seem to have regarded it as the consequence of injury, or disease of the organ. But, I here exhibit it, methodically detached from the bladder of a rabbit.

Every mucous membrane then, however delicate its structure, consists of the three parts already indicated. As to the mode of examining these tissues, Malpighi employed ebullitoin. M. Flourens prefers protracted and methodical maceration.—*Gazette des Hopitaux.*

INSTITUTE OF FRANCE.

November 22nd, 1841.

MEMOIR ON A SYSTEM OF OPERATIONS SUITED TO REMEDY PROMINENCE, DISTORTION, AND LOSS OF MOTION OF THE EYE, CONSEQUENT ON THE OPERATION FOR STRABISMUS. BY M. JULES GUERIN.

The three foregoing consequences of the operation for strabismus depend—

1. On the envelopes of the eye (fascia and conjunctiva) being detached to too great an extent, and becoming subsequently adherent to the globe of the eye at a point more or less posterior to the point of their natural insertion.

2. On the divided muscle presenting one of the four following dispositions. Either its two cut extremities reunite without having contracted any vicious adhesions to the neighbouring parts; the muscle, however, remaining too long: or the cut extremities re-unite; but the intermediate portion contracts strong adhesions with the globe of the eye and the corresponding surface of the fascia: or the two extremities do not unite, and the posterior extremity becomes adherent to the globe of the eye, at some point situated more or less posteriorly: or finally, the posterior extremity does not unite either with the anterior portion of the divided muscle, or with the sclerotic, and thus remains quite unattached to the eye.

The physical causes of the three accidents which form the subject of this memoir being thus ascertained, the indications for their removal, are obvious. If the attachments of the eye are relaxed or destroyed, they must be braced or restored; if the muscle be too long, it must be shortened; if it has contracted morbid adhesions, these adhesions must be destroyed, and the attachments of the muscle rendered as natural as possible: if finally the two extremities of the muscle are dis-united, both to each other and to the eye-ball, the two extremities must be made to adhere to each other or to the globe of the eye.

In order to elucidate the operations by means of which I fulfil these indications, I shall relate in detail a case exemplifying the application of one of them.

A lady aged 18, had been operated on for a very decided double convergent squint. The result of the operation was that the eyes became very prominent, remarkably divergent, (especially the right eye) and could not rotate inwards. The operator endeavoured to remedy this new deformity, by dividing and even excising a portion of the external rectus muscle of the right eye; but this operation, repeated as the patient stated, three or four times, produced no amelioration; on the contrary, the eye became still more motionless in consequence of adhesion between the fascia of the eye-ball, the conjunctiva, and the lachrymal gland. The external border of the cornea of the right eye in fact was in contact with the external angle of the eye-lids, and the utmost efforts of the patient could rotate the eye inwards to but a very insignificant amount. The deviation of the left eye was nearly as great, but it admitted of a somewhat greater, but still a very limited amount of rotation inward. This state of things had existed for about five months.

With the view of remedying the evil, I performed the following operations.

I first destroyed the adhesions existing at the external angle of the right eye, and laid bare the supposed site of the muscle, but in place of exposing its anterior third, some fibrous bands intimately united to the sclerotic were alone seen: dissecting more deeply, I discovered the remains of the sheath of the muscle, and the posterior portion of the muscle itself, confounded with the corresponding points of the sclerotic. A careful dissection detached what remained of the muscle and also the portion of the fascia, which occupied the place of its anterior extremity, which seemed to have been excised. Having thus destroyed all the connections which retained the the eye in its divergent position, I made the patient endeavour to rotate it inward by the action of the internal rectus, but the organ remained divergent and almost as motionless as previously. Traction with a hook enabled me to adduct the eye completely; and being thus certain that I had destroyed all the adhesions and removed every obstacle to the re-adjustment of the eye; I applied myself to maintain in position, and re-establish the physiological agents necessary to attain that end.

I now laid bare the internal rectus, and first encountered, as at the external angle, a hard cicatrix intimately adherent to the sclerotic. On dissecting further, I only discovered the fascia; and even on cautiously dissecting the membranes to the extent of almost half the circumference of the eye, I could not discover any trace of the insertion of a muscle into the eye or even a trace of muscular fibre. I then concluded that the posterior extremity of the internal rectus had retracted within its sheath, and that the anterior orifice of the sheath had been closed by the cicatrix. A more exact examination and a minute dissection showed that this was in fact the case. I opened the anterior extremity of the muscular sheath by a longitudinal incision, and perceiving the free extremity of the muscle, drew it forward with a forceps, applied it to the corresponding point of the sclerotic, and laid over it the flap which I had dissected up. The last and most important indication, was to keep the eye in such a position as would favour the adhesion of the fascia and muscle to separate points of the sclerotic, and at a site too sufficiently anterior to prevent the eversion of the eye. To effect this I passed a ligature by means of a common needle through the entire thickness of the ocular fascia close to the external border of the transparent cornea; and attached the two extremities of the ligature to the dorsum of the nose, by means of adhesive plaster, and thus kept the eye slightly inverted. No bad symptom followed, the next day the ligature detached itself spontaneously; and what is almost incredible, the motions of the eye were completely restored internally, but not at all externally. The globe of the eye was slightly deviated inwards, in proportion as the wound at the external side cicatrized the corresponding motions were restored, the eye resumed its natural position, and in less than eight days, had regained its natural shape, position, and almost its natural mobility. I say almost, for abduction remained somewhat limited, and as this motion was re-established, the extent of the motion of adduction was proportionally diminished. The extent of motion was however sufficient, and finally equal in each direction.

The success of this first operation, induced me to repeat it on the other eye. Here, however, there were no external adhesions as the external rectus had not been divided: and consequently, in this case, the external angle of the eye was not interfered with. The result was as satisfactory as in the former operation. And both eyes are now completely restored to their natural position, and enjoy their natural mobility; with this exception, only, that the right eye when at rest, remains a little more open than the opposite one; but this slight difference, vanishes when the features are called into play. I have now performed this operation in three cases with the same results.—*Gazette des Hopitaux.*

[The value of this communication is the proof it affords of the groundlessness of the assertions made

respecting the results of these operations for squint. Every man of sense or prudence expected such consequences, but few ventured to encounter the fury of the candidates for notoriety in this line, by even hinting at the possibility of one defect being substituted for another. The whole affair is a valuable comment on the present state of medicine and surgery, and a useful hint to those who are in the habit of placing confidence in all the statements they see in print. We do not mean to say, that certain forms of squint may not be improved by dividing muscles, but we do mean to say, that the indiscriminate squint-cutting practised for trade purposes, is a disgrace to the art of surgery, and a blot on the moral character of our professsion,—Ed. M. P.]

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF PURPURA HÆMORRHAGICA,

TREATED BY PURGATIVES.*

By Richard Maffett, M.D., Glasslough.

September 23.—Master R. M., aged eight, of a healthy constitution, enjoying country air and all the comforts of life; in the habit of exercising very much; appetite bad for some time previous to the attack; was seized with prostration of strength on the evening of the 22d; unable to move the lower extremities; severe pain on pressure over the surface of the skin, from the loins downward. On examination, petechiæ of a purple hue, were found scattered over the legs and thighs, thickly interspersed with livid patches, there being none of a yellow tinge; this appearance was probably the first. Pulse feeble, 60; tongue white; bowels constipated; no febrile irritation; spirits good.

℞ Pil. colocynth. gr. v.
Submur. hyd. gr. iij.
Ft. massa, divide in pil. ij.—statim sumend.

To be followed with an oil draught in six hours if necessary.

24th—Slept well during the night; pulse same as on yesterday; tongue white; three discharges from the bowels, bilious, and slightly tinged with blood; a fresh crop of petechiæ on the thighs; a large stripe across the hips from the effects of pressure; weakness in the lumbar region. Ordered—Rice, jelly, lemonade for drink, acid, and sulph. quinine.

25th—Three evacuations since the last visit; slept well during the night; appetite bad; slight nausea; no tenderness over the region of the stomach or bowels; other symptoms the same. To continue the dietary and medicines as prescribed on the 24th.

26th—Petechiæ and patches increased in number; the skin about the lower part of the back one continuous blotch; two discharges during the night, scanty, fœtid, and slightly tinged with blood, with pain at the period of evacuating; appetite bad; pulse 70, weak; tongue white.—Generous diet to be continued. *Quinine and acid to be omitted.* Ordered—Ol. Ricini, ℥i.; s. sumend.

27th—Three dejections during the night, containing a great number of large-sized scybalæ; had no sleep; disturbed at intervals with acute pains in region of stomach and bowels; great exhaustion; painful sensation in the lower extremities; a fresh appearance of petechiæ from the hips downwards; the internal pains were slightly relieved by warm stupes and mustard cataplasms. Ordered—pulv. jalap. gr. xv.; submur. hydrarg. gr. iij.—statim sumend.

28th—A few fresh petechiæ [illegible] of stomach and bowels very severe, at intervals, during the preceding evening and night; four scanty fetid discharges, consisting chiefly of scybalæ. Ordered—pulv. jalap. et calomel. ut antea; to be repeated in four hours *if necessary*, and an enema in the evening *if required.*

29th—Two copious fetid discharges from the bowels, containing scybalæ; the two purgative powders and enema had been administered; tongue furred; pulse weak; *no additional petechiæ*; pain in stomach and bowels less severe. Ordered—pulv. jalap. et calomel. ut antea; a second dose in five hours, *if necessary;* and enemas every two hours after the second dose, until the bowels have been four or five times acted on.

30th—Tongue white anteriorly; furred posteriorly; free from any unpleasant taste in the mouth; nausea subsiding; no return of pain since last dejection; had four copious evacuations from the medicine; appetite improved; slept well; pulse 66; no fresh petechiæ, old ones assuming a yellow tinge. Ordered—sulph. quinine, one grain every third hour.

October 1—All the symptoms of convalescence increased since yesterday; two natural and bilious discharges without medicine; no return of pain. Quinine to be continued; a generous diet, and carriage exercise.

Oct. 2—Pronounced convalescent; exercise to be continued; quinine and wine for a few days.

* Dr. Harty's principle of treatment.

CASE OF INSTRUMENTAL LABOUR--DISTORTED PELVIS.

TO THE EDITORS OF THE MEDICAL PRESS.

Fermoy, Dec. 3, 1841.

Gentlemen—I will feel obliged by the insertion of the following case in your periodical.

Yours very respectfully,
EUGENE O'NEILL.

E. S., aged 24, was admitted into the hospital of the workhouse on the 16th November. In infancy had rickets; has completed her full time; labour pains continued strong and frequent for 40 hours; at this time the head had descended and become impacted, so that it could not be raised in any degree upwards; the muscular power became more roused, and strong efforts made, which were quite unavailing from the distortion of the pelvis; the powers of life now becoming exhausted, artificial assistance became imperatively necessary. The rectum and bladder being emptied, the head required to be broken down and nothing left but the face and the base of the scull, which being brought down, I endeavoured to bring the body through, but this could not be effected without opening the thorax; the shoulder and then the arm were extracted, and in a short time after the placenta. The softening and putrefaction of the child materially facilitated the operation. The patient recoved without any bad symptom, and was able to leave the hospital on the 1st December.

DUBLIN HOSPITAL REPORTS.

ST. VINCENT'S HOSPITAL.

AMPUTATION OF FINGER.

Reported by T. P. Wilkinson, L.R C.S.I., &c.

Jane Archbold, aged 63, admitted under Mr. Ferrall's care, October 4, 1841.

A large tumour enveloped nearly the entire of the middle finger of the left hand, a portion of the nail

DUBLIN MEDICAL PRESS

and tip of the finger appearing at one extremity, and about half the first phalanx at the other. It had been increasing gradually for more than 30 years, and had attained at the period of admission, the size of a man's clenched hand, was generally hard, but presented some points of fluctuation. At first she suffered little from it, but for the last four years has been harassed by pain of a lancinating character, which frequently prevented her from getting rest for whole nights, and suffering much inconvenience during the day from its weight and size, being obliged to have it constantly supported: during this time it obviously increased more rapidly in size. In addition to the above, a small but distinct swelling occupied the metacarpal bone, unconnected with the preceding, and leaving the joint free from disease. She was feeble, and much emaciated, although originally healthy.

In consultation it was determined to remove the finger at its junction with the metacarpal bone, the probability being, that the swelling would not arrive at any considerable size during her life. Accordingly, on the 10th of November, Mr. Ferrall removed it by the double flap operation.

A section was made through the tumour, in a line with the centre of the phalanges, in order to examine its structure. The cancellated structure of the second and third phalanges was found degenerated into a cartilaginous mass, and the hand into a fibro-cartilaginous envelope, which was closely united to the superficial parts. The nail was not involved in the disease. The first phalanx presented its natural outline and articulating surfaces, but was somewhat softened. A section was made through the fluctuating parts, and two large irregular cavities were found, filled with a fluid of the consistence of thick mucilage, of a brownish colour, and which, when pressed between the fingers, glued them together. This was analyzed by Dr. Aldridge, and found to consist of an oil soluble in æther, and another soluble in alcohol—albumen—blue colouring matter soluble in alcohol and a brown, insoluble—substance of a horny consistence, insoluble in alcohol and æther, swelling in water, and forming with it a gelatinous fluid.

Mr. Ferrall remarked that this was a tumour, concerning the nature of which, pathologists were not perfectly agreed. Boyer and others describing it as a modification of spina ventosa, while Sir P. Crampton, in his excellent essay on these structures, considered it to be more allied to osteosarcoma, distinguishing, however, two forms of the latter—the one benign, and the other malignant. Mr. F. said, that spina ventosa, the disease of strumous children, certainly contained cavities, but here the analogy ceases, for their contents, and the changes they undergo, are altogether different from what occurs in the present case. In the strumous spina ventosa, after suppuration, the cavities contract, and an atrophied finger is the worst result. In the disease under consideration, no such changes take place. Altogether, he considered it a sounder pathology, to reserve the name of spina ventosa (although not an expressive one), for the strumous diseases in children, and by dividing osteosarcoma intwo two species, the benign and malignant, to procure a place in our nosological arrangement for tumours like the present, which do not manifest a constitutional taint, and which, when circumscribed by operation, are not observed to relapse.

ROSCREA FEVER HOSPITAL AND DISPENSARY, MEDICAL REPORT.

A Statement of the Number of Patients in the Roscrea Fever Hospital and House of Recovery, each Day of the Year, beginning the 1st Day of October, 1840, and ending 30th September, 1841.

Days.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.
1	30	53	32	39	49	46	28	29	36	21	18	22
2	32	54	32	37	47	46	28	30	32	22	16	22
3	32	54	33	39	47	46	29	27	30	23	16	21
4	33	52	35	39	48	45	30	27	30	17	17	25
5	33	52	33	39	48	33	31	27	30	17	17	23
6	33	51	34	42	49	35	32	27	32	17	15	24
7	33	51	34	41	49	35	28	28	32	16	15	20
8	33	48	35	42	46	35	27	29	31	15	14	18
9	34	49	35	41	46	34	29	29	30	17	16	20
10	37	49	34	41	46	36	29	29	28	17	16	20
11	36	50	35	42	47	36	28	30	28	19	17	22
12	34	53	36	42	47	34	28	30	28	18	17	21
13	35	60	40	38	47	34	28	29	28	18	20	23
14	40	58	41	38	47	36	29	24	25	18	19	23
15	42	57	33	39	49	37	31	24	25	18	19	24
16	41	58	33	38	47	39	32	25	25	20	18	27
17	41	58	33	42	47	35	37	23	27	18	20	31
18	43	57	36	42	47	34	35	23	27	15	20	32
19	45	53	32	43	46	35	33	24	28	14	21	33
20	45	47	33	43	46	35	33	25	28	14	23	33
21	44	39	33	42	48	32	33	26	27	14	21	30
22	42	39	32	43	48	31	33	25	27	15	22	29
23	42	40	32	42	48	33	33	25	25	15	24	31
24	43	40	32	42	48	33	33	26	26	18	24	31
25	44	43	30	37	48	35	30	27	28	19	24	31
26	45	42	32	40	50	36	30	30	27	19	24	30
27	45	42	32	41	46	35	27	28	27	20	24	31
28	46	32	32	42	46	34	26	31	24	21	24	32
29	47	32	34	45		34	26	33	23	19	24	32
30	49	32	35	44		31	26	34	23	19	23	33
31	51		39	49		28		36		16	23	
	1230	1445	1102	1234	1327	1108	902	860	837	544	611	795

Total number of Diets issued in one year, 11,995.

Monthly Admissions, Discharges, and Deaths, for One Year:

	Admitted.	Cured.	Died.
October,	44	18	1
November,	32	40	4
December,	39	27	5
January,	49	38	1
February,	20	22	1
March,	25	40	3
April,	29	29	2
May,	36	25	1
June,	22	32	2
July,	26	32	1
August,	23	16	1
September,	23	20	3
Total,	378	348	25

The Annual Report, Commencing the 1st of October. 1840, and ending the 30th of September, 1841:

Remained in Hospital, 30th Sept. 1840,	...	28
Admitted up to the 1st October, 1841,	...	378
		406
Discharged Cured,	...	348
Died,	...	25
Remaining in Hospital 1st October, 1841,	...	33
		406
Extern cases of fever, mostly cut short or rendered mild by timely medical aid,	...	320
		726

A General Report from the 1st of May, 1825 (when the Fever Hospital was first opened), till the 1st of October, 1841:

Admitted, ...		3,540
Cured, ...	3,236	
Died, ...	271	
Remaining in Hospital 1st October, 1841,	33	
		3,540

This day (October 13) there are 33 patients in the hospital.

ROSCREA DISPENSARY.

A Statement of the number of Patients who received Attendance, advice and Medicines for One Year, commencing the 1st October, 1840, and ending the 30th September, 1841.

Number of Tickets, - - - -	3,135
Repetitions of Medicines, - - -	22,274
Total number of Prescriptions, prescribed, compounded, and dispensed in one year,	25,499
Visits paid Patients at their Houses, - -	1,023
Surgical Operations, including all the minor ones, as bleeding, tooth drawing, &c. &c.	215

A General Statement of the number of Patients who have received Advice, Attendance, and Medicines, for *seventeen years.*

Number of Tickets, - - - -	38,563
Repetitions of Medicines, - - -	187,331
Total number of Prescriptions, prescribed, compounded, and dispensed, in 17 years,	225,894
Visits paid Patients at their Houses, - -	12,020
Surgical Operations, including all the minor ones, as bleeding, tooth-drawing, &c. -	3,251

Monthly Report for the Year 1841.

	Tickets.	Repetitions of Medicines.	Visits.	Operations.
Oct., 1840,	288	1991	102	12
November,	247	1998	74	10
December,	291	2175	76	14
Jan., 1841,	326	2384	118	24
February,	306	2173	76	29
March,	254	1973	97	15
April, ...	254	1890	103	20
May, ...	255	1760	102	13
June, ...	188	1543	62	13
July, ...	252	1680	103	26
August, ...	179	1597	45	20
September,	295	1110	65	19
Total,	3135	22,274	1023	215

A Report of the Diseases treated for One Year, from 1st October, 1840, to the 30th September, 1841.

Abortion, - -	18	Diarrhœa, - -	58
Abscess, - -	45	Dysentery, - -	22
Anasarca, - -	10	Dislocation of Shoulder, - - -	3
Aphthæ, - - -	25	Elbow, -	1
Asthma, - - -	8	Wrist, -	1
Amaurosis, - -	3	Erysipelas, - -	23
Amenorrhœa, - -	55	Epilepsy, - - -	18
Animation Suspended by drowning, -	1	Fever, - - -	698
Apoplexy, - -	2	Fracture of Arm, -	12
Anthrax, - - -	15	Fracture of Clavicle,	15
Burns, - - -	40	of Leg, -	3
Bite of Dog, - -	2	of Thigh, -	2
Bubo, - - -	12	Finger Com. from Gun Shot, -	1
Constipation, - -	62	Gonorrhœa, - -	40
Cholera Morbus, -	65	Hare Lip, - -	5
Colica, - - -	12	Hœmorrhage of Nose,	3
Cynanche, - -	32	of Womb, -	12
Contusions, - -	40	of Lungs, -	21
Dropsy of Belly, -	8	of Stomach,	4
Scrotum, -	7	from Piles, -	8
Chest, -	4	Hernia, - - -	6
Hysteria, - - -	30	Polypus Nasi, - -	2
Hydatids of Uterus, -	2	Paralysis, - -	6
Herpes, - - -	50	Paronychia, - -	17
Hooping Cough, -	23	Phthisis, - - -	21
Inflammation of Eye,	44	Phymosis and Paraphymosis, - -	5
Lungs, -	36	Rheumatism, - -	25
Pleura, -	40	Spine, Injury of -	5
Liver, -	64	Small Pox, - -	26
Kidneys,	16	Scrofula, - -	40
Bowels, -	4	Stricture, - -	3
Brain, -	2	Sprains, - - -	65
Insanity, - - -	3	Scarlatina, - -	43
Icterus, - - -	6	Tinea Capitis, - -	34
Itch, - - -	158	Tongue Tied, - -	10
Lumbago, - -	10	Tumors, - - -	136
Morbus Coxæ, - -	2	Tussis, - - -	120
Menorrhagia, - -	53	Ulcers, - - -	60
Measles, - - -	75	Venereal Diseases, -	46
Midwifery Cases attended at their houses, - - -	30	Vaccinated, - -	87
Midwifery Cases, after delivery, - -	66	Worms, - - -	36
Necrosis, - - -	2	Wounds, - - -	87
Neuralgia, - -	104	Womb falling down, -	3
Piles, - - -	38	Examined for Emigration, - -	65
		Total, - -	3135

A List of Operations performed from the 1st of October, 1840, to the 30th of September, 1841.

Tapping for Dropsy of Belly, - - -	6	Reduction of dislocation of Shoulder, -	3
of Scrotum,	7	of Elbow, -	1
Hare-Lip, - -	5	of Wrist, -	1
Tongue Tied, - -	10	Removing Tumors, -	6
Paraphymosis, - -	2	Operations with the Catheter, - -	8
Reduction of Fracture of Arm, - -	12	Midwifery Cases requiring Surgical aid, - - -	10
of Clavicle,	15	Minor Operations, -	123
Reduction of Fracture of Leg, - -	3	Total, - -	215
of Thigh, -	2		
Amputation of the Finger, - -	1		

W. KINGSLEY, Superintendent.
H. POWELL, Assistant.

MISTAKEN VIEWS RESPECTING NITRATE OF SILVER FOR GONORRHŒA.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—One of the advantages which our profession derives from your excellent periodical is, the ready opportunity it affords to its members on this side of the channel, of publishing their lucubrations, either for their own individual benefit or for that of the public. Mine at present, I confess, *in limine* appertains to the former head, and arises from having lately met in a recent work on venereal diseases, by Mr. William Acton, observations upon a mode of practice attributed to me, to which I not only plead not guilty, but that I had disapproved of it in language sufficiently emphatic, and so perspicuous, as not to readily mistaken.

I shall first give the passages in question, as they occur in Mr. Acton's work; and put in opposition to them, those which are to be found in my works on venereal diseases.

At page 81 of Mr. Acton's work, we find the following:—

"Various other objections have been recommended, and Mr. Carmichael, particularly some years ago, proposed another method, which differs materially from

At page 110 of the second edition, published in 1825, of my work on venereal diseases, the reader may find the following observation: "I have been informed by several surgeons, that during the first stage of gonorrhœa, they have suc

the one we have just spoken of. He advised that injections of nitrate of silver, containing *ten grains to the ounce of water*, should be used. *He purposely caused an inflammation*, to destroy the spinal catarrhal one, and stated, that gonorrhœa might be cured by this means. He further treated the inflammation of the urethra, which he had occasioned by antiphlogistic means, and on the disappearance of the inflammation he states, both complaints were cured, &c., &c.

At page 105 of the same work, we are further told that "although M. Ricord is fully persuaded that gonorrhœa may be cured by these means (cubebs and copaiba), still he recommended them to be combined with a direct local treatment; or, in other words, to employ injections in the way we have detailed already, *preferring above all others, those containing the nitrate of silver; not, however, as Mr. Carmichael recommends in the proportion of twelve grains to the ounce, but in the more modest proportion of a quarter of a grain to the ounce of distilled water.*"

These are the only passages in my work on venereal diseases, and in the report of my lectures, in which any mention is made of the use of nitrate of silver as an injection for gonorrhœa in males—and therefore I am inclined to think, that Mr. Acton could never have perused either the one or the other. If he had, those unmerited observations upon my practice could never have been made.

RICHARD CARMICHAEL.

In No. LXIX. of the DUBLIN MEDICAL PRESS, for April 29, 1840, is a clinical lecture reported, which I gave on gonorrhœa and its consequences. In this lecture the reader may find the following passage concerning the use of nitrate of silver as an injection:—"From the beneficial effects of nitrate of silver on external gonorrhœa, and primary ulcers arising from the same poison, I prefer it to all other ingredients employed in the composition of injections, but direct it in such proportions as will not inflame the urethra, *and therefore usually begin with a quarter of a grain to an ounce of distilled water, increasing the proportion of the metallic salt gradually to that which can be borne with impunity, but this has seldom amounted to a grain to the ounce.*"

REVIEWS AND NOTICES OF BOOKS.

A MANUAL of GENERAL THERAPEUTICS; with Rules for Prescribing, and a Copious Collection of Formulæ. By D. SPILLAN, M.D., A.M., Fellow of the King and Queen's College of Physicians in Ireland. London, 1841.

THE study of therapeutics as a distinct branch of medical science, has hitherto been rather neglected in these countries; and English medical literature contains comparatively few treatises exclusively devoted to therapeutics. We do not mean to imply that the study of therapeutics has not received due attention from British practitioners; on the contrary, perhaps the most distinctive feature of our School of Medicine is its essentially *practical* character; the great object of investigation being to determine indications, and to discover the method of fulfilling them.

This being the case, an attempt to collect into one body of doctrine, the information that is scattered through the numerous volumes in which methods of cure are incidentally treated of, may, to some, appear unnecessary. We had intended to show how erroneous such a supposition is, but we find this point so admirably disposed of by Dr. Spillan, that we prefer quoting his observations:—

"It may be said that a distinct work on therapeutics is superfluous, inasmuch as every work on the practice of medicine, after the description of each disease, its causes, symptoms, &c., contains also rules of treatment. The precepts, however, so given, are unconnected and dispersed, and, in fact, altogether insufficient to guide and direct the practitioner at the bedside of the patient. This method also is not only more harrassing, but it also occasions a great loss of time, by the necessity which it induces of repeating the same class of medicines after each disease; another objection to it is, that it addresses itself only to the memory: the young practitioner, after learning by rote, all the modes of treatment recommended for a disease, will think that his qualification to treat it is in a direct ratio to the number of such modes which he has committed to memory. Nothing, however, is more false. It is not the knowledge of a great number of therapeutic means that forms the physician; it is the knowledge of the opportunity, the knowledge of the indication, which alone distinguishes the real physician from the impudent and barefaced quack, who, having learned by rote the names of a number of remedies, will, on hearing the mere name of a disease, confidently propose his mode of treatment, without the least reference to the state of the patient on whom he may be consulted. In fact, with such a person, diseases, such as pleurisy, rheumatism, peritonitis, &c., are real entities, wholly independent of the individuals affected by them. Wherefore it is of the utmost importance to collect the general principles of medical treatment, and to arrange them according to their analogies, to note the mode of action of each class of medicinal substances, and the circumstances under which the practitioner should employ the remedial agents contained under it. It is also necessary, after having deduced the curative indications which the disease presents, by referring to the principles of pathology, to develope the laws according to which the physician should proceed, so as to apply the various therapeutic means in the manner the most rational, and the best calculated to preduce successful results."

The manner in which Dr. Spillan has executed his arduous task reflects high credit both on his industry and judgment. We can safely recommend his work as one calculated to be of great value not only to the student but to the practitioner.

POOR-LAW INTELLIGENCE.

NORTH DUBLIN UNION.

At the meeting of the board of guardians, held on the 8th instant—JOHN BARLOW, Esq., in the Chair,

The Chairman read the report of the medical officers, from which it appeared that during the past week inflammatory affections had made their appearance in the house, particularly sore throat, and inflammation of the lungs; four or five children had hooping cough, which would probably extend amongst the children, as there was not sufficient accommodation in the house to separate them properly.

MORTALITY OF CHILDREN IN THE WORKHOUSE.

Mr. Hall addressed the board in reference to the proceedings of the board on Wednesday last. He was of opinion, and the opinion prevailed extensively elsewhere, that the inquiry into the causes of the mortality amongst the children in the workhouse had not gone far enough. He wished to bring the inquiry to a conclusion; and he further desired that the following questions should be put and answered:—First, whether the accommodation and food provided for the children was sufficient? Secondly, whether medical attendance was procured for them with sufficient promptitude? They should also particularly inquire into the state of health in which the children were when admitted into the institution. He had reason to believe that the statements as to the condition of the children were extremely erroneous, and therefore wished that the fullest investigation should take place in reference to the death of the children. It appeared to him, from reading the reports of the newspapers, that the medical officers were of opinion that the evil could be met by providing better accommodation for the children in the workhouse, and diminishing their number. He was desirous of knowing what could be best done for the children. He was happy to observe from the papers, that the medical officers stated that the health of the inmates in general in the workhouse was better than in other metropolitan workhouses. He should endeavour to ascertain the actual condition of the children, and should make the fullest inquiries as to the mode in which they were treated. In doing this he would be obliged to refer to the various records of sickness and mortality kept in the institution, and he would require the officers to account for all the entries and omissions of entries in those books. The circumstances connected with the mortality of the children in the workhouse had been discussed at a public meeting recently. As soon as he understood that the Lord Mayor intended convening a meeting, he felt it his duty to communicate with him and inform him that the commissioners intended investigating the facts of the case; and he further suggested that it might be probable that the facts had not been thoroughly ascertained; but he did not intend to interfere with the proceedings which his lordship had taken. He was always in favour of a proper legal inquiry, and opposed to precipitate and premature decisions. He proposed that the investigation should take place in that room, and he would attend there from day to day until the inquiry had concluded. He was anxious that the fullest, fairest, and most satisfactory investigation into all the facts of the case should take place (hear, hear). He would suggest that no discussion should occur while the evidence was going on. The evidence should be written down—the questions and answers put in writing. The guardians should then consult together as to the fairest and most legitimate course which could be adopted by them. He hoped the board would not think that the inquiry would be a superfluous one. It would not only not be superfluous, but absolutely necessary. He thought that judgments had been prematurely formed in reference to the question, and he thought that those judgments had been erroneously formed. He would not make the inquiry with that impression upon his mind. He would address himself to the facts uninfluenced by anything he had heard. He would proceed with the inquiry with the utmost anxiety to arrive at the truth. He could not give all his time to the inquiry, but would give portions of his days. His time was unusually occupied in consequence of the absence of Mr. Nicholls, and he would not be able to devote whole days to the inquiry; but he would not terminate it until the facts were ascertained and fully demonstrated (hear, hear).

The Chairman observed that no portion of the inquiry should go on without a certain number of guardians being present. There should be at least three or four guardians present.

Mr. Roper said that the board of guardians would be disgraced if there were not a larger attendance each day than three or four.

Mr. Hall said that he would commence the investigation on the following day.

Mr. Roper asked Mr. Hall if he would select Friday instead of Thursday.

Mr. Hall said he had no objection; as a great deal of the inquiry would be purely medical, he would be assisted by his colleague Dr. Phelan.

Mr. Roper asked if the guardians would be permitted to examine medical witnesses independently of the medical officers of the institution.

Mr. Hall said it did not strike him that there was any objection to the course suggested by Mr. Roper.

Mr. Roper then addressed some observations to the board in reference to the intended investigation. He said that he was sure the alleged mortality amongst the children in the workhouse had taken place; and he hoped that, the species of accommodation, food, and medical attendance given to the children would be thoroughly investigated. He had given to the public a table of mortality compared with the accredited tables of mortality in other places. The facts had gone before the public, and they should be accounted for. Gentlemen might imagine that it would be a dull and stupid inquiry, and that a wrangle with the officers of the house, would occupy their time much better; but dull and stupid as it might be supposed to be, it was connected with life and death. He then proceeded to read a letter addressed to him by a medical friend, from which it appeared that, during the years 1834,'5,'6, and '7, he was employed by the governors of the Foundling Hospital to make an annual inspection of the children under their controul, who were at nurse in the country; and after his first inspection he took advantage of the opportunity to investigate the concerns of the Foundling Hospital, and the subject of foundling children generally. The results of his enquiries were disclosed by him to the statistical section of the British Scientific Association, at the meeting in Dublin in 1835. The medical gentleman continues to say: "I shall point out to you a few particulars bearing upon your own proposed inquiry. During 34 years, from 1798 to 1831 (inclusive), there were sent from the hospital to nurses in the country, 38,670 children, of which number, I find, that 12,832 survived the 9th year of their age, and were apprenticed or otherwise disposed of; 953 were also living at the time of my inquiry, but were under nine years of age. It would thus appear that more than one-third of the children of the Foundling Hospital, reared in the country, survived the nine years. During 24 years of the period referred to, the children were received in the basket at all seasons, and without restriction—they were, in fact, all "deserted," and thus placed under very unfavourable circumstances. During the five years from 1822 to 1826, when the admissions were restricted during the winter months, the account stands as follows:—

Admitted, ...	2339
Restored to parents immediately, ...	14
Balance to be accounted for	2325
Of these there died immediately, ... 172	
Died at nurse before the 9th year, ... 819	
Do. in hospital do., ... 39	
Lost sight of, ... 131	
Total dead or accounted for,...	1161
Balance alive at 9th year, ...	1164

More than one-half. Here is the Foundling Hos-

pital under very unfavourable circumstances rearing upwards of 30 per cent. beyond the 9th year, and under more favourable circumstances rearing for the same period upwards of 50 per cent., while in the North Dublin Workhouse at least 90 per cent. are destroyed in four months. Let me mention another fact—of 875 children (between three and fourteen years of age), upon my inspection list during the year 1834, but four, or one in 218, died during the whole year." Mr. Roper concluded his observations by postponing the motion of which he had given notice till after the investigation.

After a desultory conversation the board adjourned—*Saunders.*

The investigation above referred to was commenced on the 10th instant, by Messrs. Hall and Phelan, Assistant-Commissioners, who have urgently requested that the proceedings should not be published until they shall have been completed.

TO THE EDITORS OF THE MEDICAL PRESS.

37, Marlborough-street, Dec. 8, 1841.

GENTLEMEN—I think it due to my colleague Dr. Kirkpatrick and myself, to correct a statement reported to have been made by Mr. Phelan, and the master of the North Dublin Workhouse, at the meeting of the board of guardians last Wednesday, after we had retired from the room, namely, that we are not in the habit of inspecting the paupers until several days after their admission. We have, this day, sent a formal contradiction of this statement to the board held this morning, and were prepared to prove the point if necessary, by the evidence of the persons appointed to wash and clothe the inmates on their admission—a duty which obliges us to remain at the workhouse at great personal inconvenience till four, and sometimes five o'clock in the afternoon.

It is not my intention to make any remarks upon the discussion at present pending farther, than to say that much unnecessary trouble might have been saved by confining attention to the simple question. "Does any evil exist in the institution, capable of being remedied?"

The present lengthened investigation appears to me to have only the effect of diverting attention from this the really important consideration, by an attempt either to conceal or explain away facts which cannot be denied.

I simply ask, is there suitable accommodation for the nurses *at present* in the house? Is the dormitory sufficiently roomy, and well ventilated? Is the day-room well lighted, warm, and dry? Are the infants sufficiently clothed? Is there sufficient accommodation to allow of the sick being separated from the healthy in case of an epidemic breaking out? If these questions cannot be answered in the affirmative, which I fearlessly assert, then I ask further, why were not our representations on the subject, made so long ago as March, as may be seen by a reference to our report book, and frequently since repeated, attended to before this.

I have no wish to bring any thing I have to complain of in this institution before the notice of the public, so long as I continue to hold my present situation. I desire to see abuses rectified, and the persons for whose health I am responsible, placed in circumstances favourable to the continuance of it. The matter is now so fully before the public, that I feel justified in saying what I have done, lest an impression should prevail, that a part of the blame at least, rests with the medical attendants. Hitherto, no insinuation of the kind has yet been made by any member of the board of guardians, or any one else, but, in justice to my colleague and myself, I think it right to say, that we are prepared to defend our conduct, if required. I am, Gentlemen, yours, &c.

JAMES F. DUNCAN.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, DEC. 9.—Council met.

The Treasurer acknowledged the receipt of the following sums:—

William Dawson, Esq., M.D., Dungannon, who was admitted a member of the Association, 10s.

Dr. Prendergast, Tuam, 10s., renewal subscription.

— Thomas Wilkinson, Limerick, 10s., do.

— Healy, Ennis, ... £1., do.

Communications from Dr. Cane, of Kilkenny considered. Resolved—That Drs. Cane and Lalor of Kilkenny, and Bradley of Castlecomer, be requested to act as a committee, for the purpose of laying down a plan, for procuring information respecting the condition of the profession in Ireland.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 15, 1841.

KILLING NO MURDER.

On a late occasion we had to express our fear as to the consequences to be apprehended from the sale of medical and surgical diplomas, to persons who afford little or no proofs of medical or surgical skill or knowledge, and no proofs at all of general or moral education; and hinted, in a way not to be misunderstood, that the practice pursued by colleges and other bodies of conferring authorities to practise medicine, on persons who scarcely know how to read or write, and who do not even offer any evidence of fitness in other respects, is fraught with danger to the community, and will probably lead ultimately to some dreadful public exposures, disgraceful, not only to our profession, but to the government of a country, which, with such shameful apathy, not merely tolerates, but sanctions and authorizes such delinquency. We have now to call attention to another matter equally important, and to put a question which we are firmly convinced, must sooner or later be discussed and decided upon, not only by the public, but the legislature; whether persons practising medicine are to be permitted without restraint or controul, to trifle with peoples lives, and as best agrees with their silly whims, or wicked designs, to administer dangerous drugs, or withhold necessary remedies. This question is suggested by the following statement in a newspaper before us:—

"The Duke of Canizzaro died from taking three pills at once, ordered to be taken singly, either through his own mistake, or through that of his *homœopathic* physician, and that these pills contained *arsenic*. Thus we see a nobleman, in the enjoyment of a large fortune, dying, *poisoned like a rat*. Considering these pills were prescribed in conformity to *homœopathic* practice, in which only *millioneth* doses are supposed to be used, so that a few hundred thousand portions might be taken without producing death, one can but look upon this result as no less extraordinary than unfortunate. It gives rise to no little matter of reflection upon the source of the active effect of these doses of fabulous diminutiveness, and it shows that those optimists may err who think that homœopathy is a mere hocus-pocus, like the *papato* of the seventeenth century."

His homœopathic *Physician* indeed; his homœopathic cheat and impostor rather. Such fellows may, like any other desperate knaves, obtain medical degrees, but we here, on the part of the members of our profession, disclaim all identification with them. A besotted German dreamer, or a hair-brained French mountebank may, we admit, from mental incapacity, really believe in the influence of these nonsensical doses;

but we are positively certain that no man of sound mind has the slightest confidence in them. Every one knows that the trick is, to trade on the notorious fact, that many diseases necessarily disappear in time, that it is a natural and inevitable result, and that the best and safest course to pursue respecting them, is to allow them to disappear without interruption. Honestly and fairly acting on this truth, is not merely justifiable, but absolutely necessary in many cases.—It is impossible to convince persons labouring under distressing maladies, that abstaining from medicine is the best method of treating them; and the judicious physician is therefore, obliged, in order to secure mental quiet, to appear to administer the remedies upon which the patient places confidence. But if any man of common sense, with common knowledge of medicine, openly professes to cure diseases with these ridiculous doses, we hesitate not to say, that he asserts what he knows to be untrue, and what is worse, that he does so merely for the purpose of making money. But the case before us, tells what we and others have long suspected, that these homœopathic '*Physicians*" have either from policy, or the stings of conscience, been compelled to employ sufficient doses of medicine in cases requiring active treatment. To use a vulgar saying, it "lets the cat out of the bag." If the homœopathy doctor, or as an old lady of our acquaintance once called one, the *hum-a-paddy* doctor, is called to see a lady in the vapours, he gives her the millioneth part of a grain of tartar emetic, but if called to see her child or her husband, with croup or pleurisy, he gives them effectual doses. Now, we should be glad to know which is the most worthy of punishment, this cheat, or our conntryman Barney Cavenagh, who exhibits in the columns of the very same paper, as a tread-mill performer. Poor Barney, found guilty of perpetrating a harmless hoax, merely labouring in his vocation as a hungry Irishman, and spoiling the Egyptians, has been severely punished by the arbitrary exercise of ill-placed power, while the really dangerous impostor is caressed, patronized, and enriched. But the use we want to make of this fact is this, we want to have it determined whether or not any individual, and especially one of doubtful morality, is to be permited to administer medicines secretly and mysteriously. We do not confine our observations in their application to the "*hum-a-paddy*" doctor alone, but to all who do not openly and publicly place on record their treatment of the sick, so that public authorities shall, if necessary, have access to it. In cases requiring immediate relief, every practitioner must occasionally administer medicines without waiting for the preparation of his prescription by an apothecary, but we are convinced that it will every day become more and more necessary to observe caution in this respect. No one can tell what may be the result of the present state of disorganization of this branch of the public service, or how far it may hereafter be necessary for every man who has a regard for his character, to shew that he is not obnoxious to the suspicions, or imputations which may be cast on our profession generally. The discussion now going on in England, as to the right of chemists and druggists, or indeed of any one who pleases, to administer dangerous medicines without restraint or controul; and the facilities afforded all persons to drug people without danger of inquiry, will, we predict, lead to consequences which few now anticipate.

PROFESSORSHIP OF POLITICAL MEDICINE IN THE COLLEGE OF SURGEONS.

In conformity with a by-law recently passed by the college, to appoint a professor to deliver lectures "on the provisions required for the preservation of the health of the public, and the precautions to be adopted for preventing the extension of disease," the President and court of Censors proceeded on Monday, in the usual manner, to elect a person to perform that duty, when Dr. Maunsell was unanimously chosen to fill the office. Whatever the advocates for the do nothing policy may say to the contrary, or however a feeling of jealousy may lead others to undervalue this proceeding, we hesitate not to predict that it will in process of time, have a most beneficial effect, and will ultimately contribute most materially to diffuse that description of information among the public, of which there is now so lamentable a want. Of this we are now firmly convinced, that until those who are entrusted with the execution of the laws, and the management of the public institutions of the country, are instructed on such subjects as these lectures are intended to treat of, the medical profession cannot expect that respect or consideration to which it is entitled; and we are equally convinced, that until such instruction is afforded, we must experience endless repetitions of such stupid and blundering legislation as the present poor-law, the former foundling law, and other absurd provisions and restrictions resorted to, in utter ignorance of their mischievous consequences. What excuse can be offered for the deplorable results already experienced in the Dublin workhouses, except the profound ignorance of the Poor Law Commissioners as to all that concerns the preservation of health? Anxious as we are to denounce and hold up to public execration the diabolical theory which they so relentlessly and pertinaciously carry into practical operation, we are not so uncharitable as to suppose that they have wilfully caused the loss of life, just proved to have taken place, in consequence of their defective arrangements. It was ignorance, mere confidence-inspiring ignorance, which led to the catastrophe—and that ignorance, we hope and believe, the establishment of this professorship is calculated, at least, to diminish.

MR. DENIS PHELAN AND THE MEDICAL CHARITIES OF IRELAND.

We, last week, cautioned the officers of medical charities in Ireland, against making hasty replies to a circular letter lately forwarded to some of them by Mr. Denis Phelan. We have since received a copy of this document, and we think it right to put it upon record:—

(Private.)

5, Williams Park, Rathmines, Dec. 4, 1841.

Dear Sir—If on examining the Medical Charities report, which has been sent you, you will be so good as to favor me with your opinion of the merits or demerits of the suggestions given by the Poor Law Commissioners, for an improved system of Dispensary and Fever Hospital Relief, and for extending Infirmary Relief, stating in what you agree, or in what you differ with the report you will greatly oblige me. Be so good as to consider this as a mere personal request, and that, I am your's, very truly,

D. PHELAN, A.P.L.C.

It is scarcely necessary to point out the impropriety of a public officer, appointed to report to parliament on the state of public institutions, soliciting under the seal and title of his office, private opinions with regard to his report, from some of the parties affected by it. Such solicitations must appear to those to whom they are directed, either as threats or as intimations of favour, and they are likely to operate in the one or the other way, according to the peculiar disposition or position of the parties addressed.—

The following letter which he have been requested to publish, will show the opinion of an independent medical gentleman upon the subject: it will also explain to the government the estimation in which Mr. Denis Phelan is generally held by the medical profession:—

TO DENIS PHELAN, ESQ., ASSISTANT POOR-LAW COMMISSIONER.

Navan, December 11, 1841.

Sir—I have received from you a note without date, calling upon me to state in what particulars I agree with, or differ from the suggestions for an improved mode of administering medical relief contained in your report on medical charities. I am happy to find that the approval of the medical profession is considered to be an object worth seeking for; at the same time, I should think more highly of such an act of courtesy if I did not happen to know your anxiety to represent yourself to Mr. Nicholls as enjoying the confidence of the profession, and that one of your modes of keeping up such a delusion in that gentleman's mind, is that of canvassing the suffrages of its members by obtaining from them private notes approving of certain portions of your conduct with the view (as you on a former occasion when you thus canvassed myself informed) me of laying them before Mr. Nicholls. Now as I cannot consider your note, many such of which have been received by my professional friends in the light of a private communication, though it be marked private and contain *a request entirely personal*, and as I cannot give you an answer such as you would wish to lay before Mr. Nicholls, I adopt the mode of replying through the columns of the public press, and I hope my example may be followed by many, who like me, feel convinced of the injurious tendency of your measures. I am not disposed to deny the necessity of some change in the mode of raising the funds for the support of our fever hospitals and dispensaries, or that their management may need revision and improvement in some particulars, nor perhaps are county infirmaries perfect institutions; though it may well be questioned if Mr. Phelan's mode of removing their defects be the best, namely, by removing or rather superseding the institutions themselves: a project which with characteristic 'subtlety and astuteness' is half screened and half revealed in some parts of your report, as at page 24.

Some general measure therefore of financial reform embracing division of dispensary districts; inspection by properly qualified persons, of *unquestionable character*, and a scrutiny of the qualifications of candidates for all medical appointments, is needed and would be received as a boon by the great body of the profession. Some of the machinery of your proposed bill would answer this purpose, but it is liable to the insuperable objection that of the entire you are to be the mainspring and under the arrangements said to be contemplated, your influence would pervade and direct the whole measure. Thus your bill gives the absolute control of all to the commissioners, aided by four inspectors and a medical board, whose functions are, however, to be "purely suggestive." This board is to have a secretary, which post it is commonly reported, Mr. Nicholls considers well adapted for you.

Now what does the proposed bill enable you, if possessed of the dangerous and *irresponsible* power of secretary to the Medical Charities Board, *having the ear of the commissioner*, to do.

Clause 8 gives power to frame rules and regulations for the *medical practice* of these intitutions, and to alter them from time to time:

Clause 9. To digest and hash up reports from these institutions in so many of which the medical attendant is your personal friend or enemy:

Clause 10. To exercise your love of patronage to any extent by establishing dispensaries where you may think fit.

Clause 22 gives you, as the organ of the board, a veto upon the claims of candidates for medical appointments—and lastly, you may send whichever of the four inspectors may answer your purpose to make such a report as you may wish, upon any particular institution.

Taken as a whole, and with some few exceptions, a bill of this kind might be considered a salatury measure, but for one poisonous ingredient—the dead fly which causes the ointment of the apothecary to send forth a stinking savour. Your advocates may plead that this is an exaggerated account of the evils to be dreaded from your connection with the administration of such a measure as your medical charities bill; and may assert, that you may be reasonably expected to discharge your duty, whether secretary or inspector, impartially, honestly, and without offence. We have a right to judge of what you will do by what you have done. The voice of the profession, and of the managers of institutions, is beginning to be heard, as in the letter of Dr. Jacob, and the resolutions of the committee of governors of the Athy Fever Hospital, as to the manner in which you have performed the duty of inspection, and your adherence in the framing of your report, to the instructions of the commissioners, page 44, to conduct the enquiry with the utmost regard to the feelings and position of the medical practitioners, and of the governors and managers of institutions, generally, avoiding giving offence, or currency to partial and erroneous statements. I will confine my notice to your proceedings in Navan. You came here, empowered by the 46th and 47th clauses of the poor-law act, to inquire into the medical relief afforded by the institutions in the union; but, neither by the act nor by the instructions of the commissioners, were you directed to create new institutions, or to alter the government and management of those already existing. You did both, however. Had you here, as elsewhere, reported that domiciliary attendance upon the poor was required, and recommended that one person should be appointed to do this duty, I would have cordially subscribed to the statement, although I could shew that much of the needful attendance was afforded by the external practice of the two hospitals.

Why did you not, in Navan, pursue the course which appears to have been adhered to in many other places, may probably be explained, by the fact of your having a protegè, who, if you had simply stated the wants of the town to Lord Normanby, as required by the act to do, might still be sighing for dispensary honours. But, there was a second practitioner in the town, whose friends more numerous than those of the other, would certainly have made him the doctor in the event of a contested election. To avoid this election, you insisted upon the appointment of *two*, and in the memorable attempt to bamboozle the profession, called a letter by a Navan medical practitioner—(which was universally attributed to you, being disclaimed by every practitioner in Navan, and containing abundant evidence, *in itself*, of its authorship,) *you* are thus *glorified* for this stroke of policy. "Is any member of the profession injured by this? No, but two, (aye and licentiates of the Dublin College of Surgeons too,) medical men perform the duty at a salary of £140. Did Mr. Phelan do good or harm to the profession here? &c." What has been the consequence of Mr. Phelan's liberality and policy? Doubtless, the public have supported the double load imposed by him, with equal liberality? No, but when at the close of the first year of its existence, the funds of the Dispensary were low, and the £140 not forthcoming, an expedient for raising

the wind was adopted, worthy alike of Mr. Phelan and his dispensary. On the eve of the last summer presentment sessions of Navan, the Secretary of the Dispensary applied to the Trustees of the Loan Fund for an advance of £10 to the Dispensary, on condition of its being repaid within a certain time, without interest. The £10 was then handed over to the Treasurer, sent in to the sessions as a subscription received, and an equal sum procured from the rate-payers of the county.

The transaction needs no comment, and proves to how great a perfection you and your friends have carried the art of founding and supporting dispensaries.

At the same time you gave a proof of your genius for government, by endeavouring to effect an entire change in the management of the Fever Hospital.—This you did by unwarrantably (as I conceive) nominating a committee, not of the governors, for several of those named by you, afterwards, qualified themselves for the office by paying the first guinea they ever gave to the institution. As I do not wish to give offence to gentlemen, many of whom are my personal and esteemed friends; but merely to draw attention to your meddling propensities, I shall say no more of this committee, than that it was a failure.—It did nothing as its minutes shew, and after a very few sittings, it ceased to exist.

I have now done with you for the present, as it is no part of my object to comment upon your strictly poor-law proceedings—you asked for my opinion of certain parts of your report, and I have given it. If the members of the medical profession should speak their sentiments with equal candour, we may hope that the commissioners will have to find some other use for your services, than the inspection of, or legislating for our medical charities.

Your obedient servant,
A HUDSON, M.D.

We cannot pretend to say how these documents, or how any other documents or disclosures may operate upon the poor law commission. That body is an anomaly in our constitution, and as such, its active or passive relations cannot be judged of by ordinary rules. We have seen one of its officers, convicted at the bar of the highest court of judicature in the realm, of falsifying public documents, censured by that high court, and only spared the penalties of his offence in consideration of a voluntary resignation of his place. We have also seen the same individual continued in the discharge of the duties of his original office, notwithstanding his forced resignation, and we now witness his restoration to the full enjoyment of its privileges and advantages. These are extraordinary occurrences; but not more so than the fact that the following statement, authenticated by individuals so far removed from suspicion as those whose signatures it bears, has been eight days in print, and has been forwarded to the proper authorities, and that no investigation appears to have been entered upon with regard to the allegations it contains:—

"Resolved—We, the undersigned Members of the Committee for conducting the Athy Fever Hospital, having seen a report made by two Poor-Law Commissioners—Drs. Phelan and Corr—respecting the election of a Medical Officer for this Institution, feel ourselves called upon to state that said report is, in many respects, regardless of the feelings and position of the Medical Practitioner, unjust to the Governors and Managers of this Institution generally, and calculated to give much cause of offence, by concealing, in many instances, the truth, and giving currency to statements both partial and erroneous.

Ordered—That the foregoing Resolution be published in the MEDICAL PRESS and *Leinster Express*, and that copies be forwarded to the Chief Secretary, the Poor-law Commissioners, and Solicitor-General."

[For the signatures see last No. of the PRESS.]

OBITUARY.

In London, on the 4th instant, aged 64, David D. Davis M. D., late Professor of Midwifery in University College London.

REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Nov. 28,	48	42	29.450	.360
Monday	29th,	50	43	28.750	.110
Tuesday	30th,	50.5	43	28.676	.150
Wednesday	Dec. 1st,	48.5	43	29.174	.026
Thursday	2d,	49	40	29.268	.075
Friday	3d,	49.5	41.5	29.300	1.010
Saturday	4th,	50	45	29.350	.645
Sunday	5th,	47.5	39.5	30.000	.008
Monday	6th,	51.5	43.5	29.600	.160
Tuesday	7th,	49.5	40.5	29.820	.015
Wednesday	8th,	50.5	46	29.450	.265
Thursday	9th,	56	35.5	29.828	
Friday	10th,	49.5	41	29.470	.190
Saturday	11th,	46	36	29.950	

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London: Longman, Brown, and Co.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, December 15, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX.

No. CLV.] DUBLIN, WEDNESDAY, DECEMBER 22, 1841. { PRICE SIXPENCE. STAMPED.

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CITY OF DUBLIN HOSPITAL.

A SUMMARY OF TWO CLINICAL LECTURES ON DIFFUSE INFLAMMATION OF THE CELLULAR MEMBRANE, DELIVERED BY DR. HARGRAVE DURING THE CURRENT SESSION, 1841–2.

THE cases which I wish to direct your attention to, are ones illustrative of a very formidable disease, and which, in many instances, though met by the most prompt and skilful treatment, will often run their course rapidly to a fatal termination—the affection being that termed diffuse inflammation of the cellular membrane, and which has been more than usually prevalent in this hospital during the past summer, autumn, and commencement of this session.

The peculiar nature of this disease being, as its name indicates, to become "diffused," or to spread, extending through the cellular membrane, implicating it in a most remarkable manner; and from it invading the muscles, veins, perhaps the lymphatics and fibrous structures, all of which textures are found extensively diseased in severe attacks of this malady, as we shall have an opportunity of witnessing, when inquiring into the pathological effects of the disease.

You may ask, why does it tend to spread, and not to be circumscribed and limited, as in cases of phlegmon? This characteristic peculiarity is owing to the powers of the system, or the *vis vitæ*, being unable to produce coagulable or plastic lymph of such a quality as will limit the extent of the inflammation; the consequence of which is, that the inflammatory action continues to creep along the cellular membrane, as no definite bounds are set to it, involving in some instances the entire of a member, and passing from it finally to the trunk: so great is this tendency to spread and implicate other parts, that the whole aim of the surgeon is to set bounds to it by judicious treatment, and so prevent the devastating progress of the disease.

Among the exciting causes of this affection are venesection, dissecting wounds, punctures when handling unsound meat or fish, bruises, sprains, ligature of a vein; and in some cases it is idiopathic, as in the cases of Anne English and John Moran. Of all those exciting causes, those dependent on dissecting wounds, and on venesection are the most serious and the most fatal.

The symptoms which attend this affection can be arranged under the local, and the general or constitutional. We shall first attend to the local (in those cases not excited by animal poisonous miasmata, *e. g.* dissecting wounds), which consist of swelling or rather tumefaction of the parts engaged, pain, alteration in colour, alteration of temperature.

The *tumefaction* is very peculiar, and in a great degree enables us to distinguish it from many other affections with which it is liable to be confounded: the integuments are *flatly elevated* above the surrounding parts; they are smooth and equal, without any central hardness, and scarcely any tendency to point, rarely if ever limited by a defined margin; this diffused swelling affords an indistinct sensation of fluctuation, which invites the surgeon to insert a lance into it, when nothing but serum appears till after the lapse of 12 or 24 hours, when matter will be found in or flowing from the incision: in some cases there is positive evidence of matter being formed in the affected parts, evidenced by fluctuation.

This sensation of fluctuation, so deceptive, has been not inaptly termed *boggy* by Lizars, *doughy* by Colles; it may be also termed *spongy*, as it conveys the idea that a sound and firm surface rests upon an unsound bottom loaded with a fluid.

Pain.—This symptom is often very acute in the swollen part, in some cases agonising, as in the case of Byrne, and is independent of any affection of the skin, which often presents a natural appearance. In the case just mentioned, as the pupils and I were standing by the patient's bed, he suddenly complained of pain of the most severe kind, and the parts instantly began to swell without undergoing any change of colour, neither did any change occur in the colour of the integuments, though the subjacent cellular membrane was sphacelated, also a part of the sterno-mastoid muscle.

Colour.—No alteration takes place in the colour of the skin in the early stage of the disease; it is not until it extends to this membrane, from the cellular, that a change occurs, when the integuments present a dark livid appearance, sometimes bright and shining: while in the advanced stages of this affection, a vesicle or vesicles filled with serum or a sero-sanguinolent, or even an ichorous fluid frequently are seen.

The remaining local symptom is that of temperature, which often is raised, and is a source of much distress to the patient, though in some instances very little uneasiness is experienced from alteration of temperature.

Constitutional Symptoms.—Sometimes febrile symptoms of the most marked typhoid character, indicative of great distress of the nervous system are present, as anxious and collapsed countenance, delirium which is often intermitting, most frequently occurring at night; seldom profound coma attends this affection. Combined with these symptoms is hurried, frequent, and often laborious respiration; pulse frequent and compressible; the skin of the face assumes a yellowish hue, as does that of the rest of the body; often a very fœtid odour is exhaled from the patient; and sometimes an offensive, and even a coloured sweat occurs, which has proved critical (Duncan); if matters do not mend, great tendency to ulceration prevails in the skin, wherever it is pressed; the delirium becomes low and muttering, with subsultus tendinum, and finally death closes the scene: yet, in some cases, the mental faculties remain perfect and acute to the last moment of existence, as we saw in the girl English, and as was also observed in the case of Byrne.

Termination.—The progress and termination of diffuse inflammation of the cellular membrane depend much on the exciting cause and previous condition of the patient's health: it may end in suppuration; in suppuration and extensive slough; in an attempt at phlegmonoid inflammation, suppuration, and abscess; also by what may be considered resolution in a healthy subject, by which I mean the prevention of suppuration, sloughs, and abscess, by timely punctures and incisions. If the disease is situated over a serous cavity, its extension to it should be always dreaded, which might give rise to one of two results—either an effusion of serum into it, or a more fortunate one, the adhesion of the serous surfaces, and thus set bounds to the further progress of the disease towards that cavity. When situated in the vicinity of the periosteum, inflammation is often excited in that membrane, a slough being sometimes the consequence of it.

Not unfrequently the termination is fatal and rapid, particularly when the disease is caused by an animal poison, which augments the intensity of the affection; in other instances, the fatal result is more slow; in the first case death occurs in from four to fourteen days; in the second, not till after two or more weeks, or even longer; the average period being from the sixth to the tenth day. Finally, it may be mentioned that peculiar and unknown conditions of the atmosphere, which give rise to this affection, excite in it also a great tendency to run rapidly to a fatal termination, by forming profuse collections of matter, which, though limited in their extension by well-timed treatment, still the constitution sinks under the effects of the extensive suppuration: change of air even, with very poor diet, will sometimes effect extraordinary recoveries in such cases, as was seen in the case of Fitzgerald, who was treated in the hospital in the May of this year.

Pathology.—The cellular membrane is found to present various degrees of intensity of alteration, as it is near or distant from the focus of the disease: at a distance from it, the membrane is infiltrated with serum, which flows freely from it when incised; in the vicinity of the disease the membrane is of a greyish or ash colour, loaded with purulent secretions, in some instances imperfect attempts being made to circumscribe them, often it is found lying as a wet slough under the skin and in the interstices of the muscles; sometimes perfectly black and gangrenous, as was found in the case of Byrne, who was admitted into hospital in July last, suffering from a fracture of the lower jaw, with lacerated and penetrating wound beneath the left mastoid muscle, extending behind the pharynx up to the base of the cranium.

2dly. The muscular structure, when involved in this affection, is much altered from the natural appearance, being of a brown or a black colour, and easily lacerated; in the case just cited, the sterno-mastoid muscle exhibited a peculiar limitation of the disease, being confined to the posterior half for the whole of its length: this part of the muscle was actually rotten.

3dly. *Blood-vessels.*—The arterial vascularity is increased, while the veins indicate the most remarkable lesion, being found thickened, indurated, and turgid with black blood. Hunter also detected them in different stages of suppuration, ulceration, and even attempts at adhesion: he says—"I have found them in many places presenting adhesion, others matter, and in others ulceration." These appearances have been frequently corroborated.

4thly. Added to these lesions some alterations have been met with in the lymphatics, the lymphatic glands, and in the fibrous membrane, while the skin, which is always secondarily affected, is sometimes seen in an extensive sloughy condition.

5thly. *Fluids.*—The various tissues are found infiltrated with fluid in various degrees of elaboration, from a thin, abundant, and reddish serum, filling the interstices of the soft parts, to a sero-purulent, and, finally, a purulent fluid, containing sloughy shreds of cellular membrane: this purulent deposit is seldom or never found circumscribed in a perfect cavity, but diffused through the interstices of the muscles.

Prognosis.—Much will depend upon the exciting cause, the constitution of the individual affected, and if the disease is prevalent at the time; whether we should be more than usually careful in giving a favourable opinion as to the final result, as it is an affection that presents many phases in its course, and is readily excited to an aggravated form. The old adage, "in medio tutissimus" should not be lost sight of in this instance.

Diagnosis and Complications.—It cannot be a matter of surprise that diffuse inflammation of the cellular membrane has been confounded, and complicated, with many different affections; when we consider the great extent and importance, also the extensive manner that it enters into the composition of all our organs:

1. Phlegmon is readily distinguished from this affection, by the hardness and circumscribed extent of the swelling in the first stage of the disease, by the throbbing pain and heat, also by its more decided tendency to point at a certain part as it advances, by the tumor becoming softer, and by the colour being a bright-red; and when it opens or bursts, discharging

at once the whole contents. A little difficulty will attend the diagnosis when the phlegmon is situated beneath a fascia, which is some barrier, by the resistance offered, to its coming forward and pointing; the fibrous membrane also renders the form of the tumor more flat, and apparently more diffuse. We are aided in such a case to arrive at a true diagnosis of deep-seated phlegmon, by the presence of pulsating pain, the fever accompanying it being more of the sthenic than of the asthenic or typhoid type. After the general symptoms subside, pain and tension remain in a limited space, after which an effusion of pus takes place, and affords immediate relief.

Though phlegmon and the affection we are considering are thus distinct and separate, still they may exist simultaneously in neighbouring portions of the cellular membrane, as we often have circumscribed abscesses with diffuse inflammation. A question can be asked—are they convertible the one into the other? It is difficult to conceive it, for the very essence of phlegmon being to concentrate in the first stage all the energy of the increased action upon itself, precludes the probability of such a change; while, on the other hand, diffuse inflammation of the cellular membrane can simulate phlegmon, when coagulable lymph, of a highly plastic nature, is effused into a particular part, to which succeeds the property already ascribed to phlegmonous inflammation, that of concentrating upon itself the morbid action. This conversion, whenever it takes place, is always salutary, and limits the disease. Case of Thomas Moran instances this conversion, at least the value of coagulable lymph being effused, and limiting the extent of the disease, as it tended to pass along the limb.

2. *Erysipelas.*—In this affection, which is situated in the true skin, as admitted by all pathologists, the colour of the diseased part, the pungent character of the pain, the defined circumscription of the colour, the very little tumefaction, the accompanying fever being generally of the bilious character, are sufficient to distinguish between these two affections.

3. *Phlegmonoid Erysipelas.*—A few observations are called for on the pathology of phlegmonoid erysipelas and the affection under consideration. In the first, all pathologists are not agreed as to the part or tissue first invaded: some, as Dr. Kirkland, consider two distinct inflammations to exist at the same time—one affecting the skin, as erysipela; the other, as phlegmon, engaging the cellular membrane, each having its own peculiar termination. Mr. James seems to consider the cellular as always depending upon the cutaneous inflammation, and that the spreading of the inflammation in the cellular tissue is the consequence of the skin being the true seat of the disease in all cases hitherto referred to erysipelas. From cases under my observation in this hospital, I am more inclined to agree with Dr. Duncan, indeed feel satisfied, that when pain, fever, and swelling precede the redness, the disease essentially exists in the cellular membrane, and that the redness and vesication are but secondary effects, dependent upon the contiguous structure.—That such is the pathology of this disease, is exemplified in the cases of Conahan, and, more lately, Smith; of these cases it was best evinced in Smith, who, in four days, from Saturday night to Wednesday, presented most of the symptoms of diffuse cellular inflammation, when on that day the skin on the foot was more than usually red, and vesications appeared on the great toe, and subsequently on the external part of the dorsum of the foot.

However interesting it is to decide correctly on this pathological question, it is satisfactory to reflect, that no doubt exists as to the local treatment requisite to relieve the diseased parts: in some instances the cutaneous inflammation *may lead* the cellular, while in others and by far the most numerous, the cellular takes the precedence, the skin being secondarily affected.

Inflammation of Vein.—It can be distinguished from this affection, by the presence of a tense cord extending along the course of the vessel, also by a reddish cutaneous tinge indicating the course of the vein; while the pain and tenderness on pressure are confined to the line of the vein: in some cases considerable tumefaction extends over the limb, which might lead to the impression of the cellular membrane being extensively implicated in the disease.

Inflamed Lymphatics.—When this affection is strongly marked, delicate red lines, of a wire-like hardness, are seen extending along the limbs to the groin or axilla, as the case may be, together with acute pain, sometimes enlargements of the lymphatic glands in these situations. Though these lymphatics indicate those which are inflamed, still, if there be great tumefaction of the neighbouring parts, with accompanying pain, we may be certain that the cellular membrane is engaged, and complicated with the angioleucitis, which will be verified if matter forms.—On this complication of angioleucitis we shall return, when directing your attention in a special manner to the well marked example presented to our study by William Burke.

Inflammation of the fascia, or a nerve cannot be easily confounded with, though they may be complicated with it, and need no comment on the present occasion.

Treatment.—In conducting the treatment of the affection in question, it should be always borne in mind, that the asthenic diathesis prevails more than the sthenic; hence the great importance of carefully maintaining the patient's strength, at the same time, that such evacuations should be procured as will assist the efforts of the system to throw off the influences which are preying so injuriously upon it: whether they arise from some peculiar but unkown condition of the atmosphere, peculiarity of the patient's constitution, the effects of animal poisons, or the combination of all three acting upon an unhealthy individual. The treatment is naturally divided into local and general, to which can be added the prophylactic, so as to guard against any infection: those who are liable by some peculiar idiosyncracy to the influence of animal poisons in such a degree, that they cannot handle dead animal matter without being affected; to such, when necessitated to make a post-mortem examination, they should always protect their hands by some unctuous substance, as axunge or camphorated oil, and if any abrasion should exist on any part of the hand, to protect it by adhesive plaster, or what is better, one made of equal parts of emp. saponis and emp. thuris, which forms the best adhesive plaster I know of.

If a puncture should be incurred during the examination, what should then be our treatment? Many suggestions have been made to guard the system aganst infection, such as first washing the finger in cold water, and then sucking it, cold water being considered more efficacious in preventing absorption, than warm water; no apprehension need be ascertained by sucking, even if the matter is not spit out, for it requires a much larger dose of poison to act upon a sound mucous membrane, than upon an abraded one, or upon a portion of cellular membrane; in fact a puncture is always more likely to excite absorption, than a free incision. It would appear that the copious bleeding following the latter injury actually dilutes and washes away the virus, while in the former injury, in which no bleeding takes place, the offending matter is pent up, and so predisposes to the action of the absorbents.

In addition to these means, others have been used,

as immersing the parts injured in spirits of turpentine, to apply the nitrate of silver, or even the concentrated mineral acids; of all the means which are the most ready, and I consider affording the utmost protection, are, when it can be effected, to wash in cold water the wound, then to suck it, afterwards to apply a ligature round the finger on the cardiac side of the wound, with such a degree of tightness, as to cause a numb sensation in the parts, and to retain it so applied for twenty four-hours.

By so acting, a congested state of the parts amounting to extreme plethora is produced, which is the most unfavourable condition to the absorbing powers of the economy, and in all probability the mechanical action of the ligature will also prevent the course of the infectious matter along the absorbents.

So much for the means to be adopted, to guard against infection: when the cause acting upon the system, whether it be a poison, an irritant of another kind, or some peculiar condition of the atmosphere, cannot be controuled, we then have to consider the effects produced by it both local and general.

First, as to the local treatment in Doctor Duncan's admirable essay on this affection, he states, that he found the continued application of a considerable degree of cold, eminently beneficial, so long as no phlegmon had been formed; but after that period it seemed always injurious, when heat and fomentations were of service; the best rule to be adopted as regards this part of the local treatment, is to consult the feelings of the patient, and to be guided by them; combined with it is the free application of leeches, or in place of them numerous superficial scarifications, so as to unload the vessels of the part.

It has been observed, that puncture, either by the leech or by the lancet seldom or never inflames, so as to produce mortification. If inflammation did succeed to this treatment, it might be of some service by diverting the inflammatory action from the deeper and important tissues which are implicated in the disease to the more superficial ones. Of such advantage is this held by some practitioners, that they recommend vesicatories so as to determine action to the skin. However doubtful vesication may be in the commencement, the use of it is often of much advantage in the latter stages of the affection, by the quantity of serum which it causes to be discharged. Upon this principle of active counter irritation, the actual cautery has been advocated by some, and practised by Morand apparently with good effect.

When the local symptoms are not relieved by leeches, a question might be asked—do their use produce any injury? It is not that the disease has not been controuled by them, that their application is to be censured, but that they cannot check it, owing to the severe nature of the affection. In addition to such local treatment, as soon as fluid appears to be effused into the cellular tissue, free issue to it should be promptly afforded; though upon making a free opening, we may be disappointed by matter not being detected, as the evidences of the existence of fluid are most fallacious in this disease; still benefit follows such incisions, not only by freeing the tension of the parts inflamed, but also unloading the vessels of a great quantity of sanguineous serum; though matter does not immediately present itself in the course of 12 or 30 hours, it almost invariably flows from the incisions. If the incisions are made for the purpose of giving exit or looking for matter, they should be bold and free, and few in number; if merely for the purpose of unloading the affected parts, of the serum, more advantage will be derived by a number of short incisions, but always of such a depth as to insure the division of the capillaries. It is incumbent on the surgeon when making these incisions, to watch for hæmorrhage, though none can take place from any large vessel in the integuments; still, more than one case is on record, where the patient sank from bleeding, after apparently so trifling an operation.

General Treatment.—The first question to be considered is, as to the necessity of detracting blood by venesection: if there is an intensity of inflammation present, accompanied by high fever, some blood may with advantage be drawn from the system; still it is necessary to impress on you, that the general characters of the disease are more of the asthenic than of the sthenic type, so that care must be observed, not to debilitate the patient too much; when the affection is complicated with inflamed veins, or lymphatics, leeches are of much value, when applied along the course of the vessels in numbers, and repeated according to the necessities of the case. The bowels should be unloaded by calomel, camphor, and some of the warm resinous purgatives, which should be assisted by the senna mixture, combined with compound inf: gentian, and some saline medicines. After the bowels are freed, the camphor julep. containing the aq. am. acet. with a sedative, affords a grateful medicine for allaying irritability of the system; conjoined with which, a sedative draught should be administered at night. When the violence of the acute stage has subsided, and that matter is being formed in quantity, bark with ammonia is of much service in enabling the powers of the system to bear up against the debilitating effects of the disease, at the same time that light nutrition is sedulously given to the patient.

To sum up in a few words, the general principles of treatment, they should be of the mixed kind; if much action exists cautiously to controul it, at the same time carefully husbanding the strength of your patient; where this treatment has been adopted, and yet large quantities of matter continue to be formed, and discharged through the free openings that have been made for it, a change of air will be found to revive the failing powers of life, and restore him to a full state of health, as in Fitzgerald's case, who was sinking rapidly, though on full diet, porter, wine, and every nourishment that was considered of use; as the ultimum remedium, he was removed to the country, to very poor fare, also very poor domestic comforts, after which the amendment was most rapid to a perfect convalescence.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 22, 1841.

James Copland, M.D., in the chair.

A Case of Aneurism of the Ascending Aorta bursting into the Right Ventricle. By Thomas J. Beck, Esq., Lecturer on Surgery at Sydenham College. Communicated by Dr. Robert Lee.

On examination of this after death, a communication was found to exist between the ventricles. The aneurismal sac, which resembled the finger of a glove, three-fourths of an inch in length, had burst at its extremity into the right ventricle. The author observes upon it as follows:—"It has been questioned whether the opening between the aorta and right ventricle was an original malformation, having the same probable origin as the opening between the ventricles, or whether this is the remains of an aneurismal sac; but from the history of the case, the situations of the openings, the extent and nature of the disease found around it, being the same as is found around other aneurismal sacs, the latter appears the most probable conclusion, which is considerably strengthened by a reference to the cases detailed by

Mr. Thurnam, in the twenty-third volume of the 'Transactions' of the society, and from an examination of the preparation."

Dr. Addison had seen the case of aneurism detailed by Mr. Thurnam, in the society's "Transactions," and mentioned in the paper just read. In Mr. Thurnam's case the physical signs were much the same as were observed in the present instance; their locality and the unpleasant bruit of the heart were identical, but the time at which the sawing sound of the heart was heard, was different, as it was audible on the systole of the organ, and most so at the upper part of the heart, and over the chest as high as the clavicle. Many practitioners saw this case, and were puzzled to diagnosticate it. He considered it to be disease of the aorta, with some unnatural connection with the ventricle; the peculiar thrilling and sawing sound was found after death, which occurred from dropsy, to have been produced by the passage of the blood from an aneurism of the aorta into the right ventricle.

Dr. C. J. B. Williams had seen the case mentioned by Mr. Thurnam. Mr. Thurnam had thought the prolonged murmur was owing to regurgitation through the mitral valve, owing to disease in that structure. The sound, however, was prolonged beyond the period of the second sound; he (Dr. Williams) thought the sound had been produced by a rush of blood from one artery to another; he did not come to any decided conclusion as to its direct cause, but conjectured that it was dependent on an aneurism of the aorta, having an unnatural communication with some other vessel. The prolonged murmur alluded to, had existed in Mr. Beck's case also, and might, perhaps, if it had been observed in other cases, be taken as a diagnostic mark of the disease. The extensive dulness observed on percussion in these cases was not to be accounted for by the size of the aneurism. This symptom was supposed in Mr. Thurnam's case to be dependent on effusion into the pericardium, but it did not arise from this cause, when he (Dr. Williams) saw him, for there was then an extended pulsation, and it must, therefore, have originated in the aneurism of the aorta. This extensive dulness on percussion was also observed in other aneurisms, and seemed to show that they were larger during life than after death, if there was not a large deposit of fibrine. The force of the circulation would account for this difference in size.

Dr. Addison considered the dulness on percussion to be a symptom not at all to be relied on. He had seen a case of a considerable-sized aneurism in which there was no dulness on percussion.

Dr. Williams would not consider the dulness on percussion taken by itself as of great value, as a symptom diagnosticating the presence of aneurism. He had, however, never met with a case of aneurism of the arch of the aorta, or of the innominata to any extent, which was not accompanied by dulness on percussion; this was, therefore, an auxiliary in our means of diagnosis, but, of course, other symptoms of the presence of a tumor would be looked for.

On the Structure of the Human Placenta. By John Dalrymple, Esq., Assistant-Surgeon to the London Ophthalmic Infirmary.

In the early part of the present year, the author having pursued some anatomical investigations into the structure of the human placenta at term, and having made several drawings of the injected capillaries of the tufts, afterwards had an opportunity of seeing the copies of Weber's drawings, given in the "Icones Physiologicæ" of Wagner, and transferred to the pages of Dr. Willis's translation of the latter author's Physiology. The resemblances of the present drawings to those given by Dr. Willis, were so striking, as to go far of itself to prove the correctness of both draughtsmen, and to corroborate the views entertained by Weber of the anatomical conditions of the organ. They differed also from the engravings of Dr. Reid (given in the January number of the "Edinburgh Medical and Surgical Journal" for 1841), inasmuch as no where could be seen an artery and vein running side by side, forming an apparently single vessel, though with a double tube, and terminating abruptly in blunted extremities, where the anastomosis took place between them.

First. It appeared from Mr. D's. observations that the placenta was made up of the innumerable subdivisions of the umbilical vessels terminating in beautifully coiled and convoluted capillaries, which formed tufts or bouquets of vessels, clothed by a prolongation of the endochorion, derived from the fœtal surface of the organ.

Second. That no where did a division of an umbilical artery terminate otherwise than in a branch of the umbilical vein; and each branch as well as tuft of vessels was covered by a prolongation of the before-named membrane.

Third. That each tuft was, in fact, a real villus, the endochorion being covered externally with an epithelium-like tissue, having nucleated cells and corpuscles.

Fourth. The uterine surface of the placenta is covered by the decidua, which does not appear to enter further into the structure of the organ than between the lobules, and the depth to which it thus penetrates, varies with the depth of the fissures.

Fifth. That fibrous bands stretch from the fœtal to the placental surface of the organ, giving firmness and support to the vessels.

Sixth. That there are defined cells in the placenta, but that the nutrient fluids of the mother are poured into the interstices of the tufts, which are not bound or connected together by a common cellular tissue.

Seventh. That on the decidual surface of the placenta are thinly scattered here and there blunt conical papillæ, about a line and a half in length, made up of innumerable coiled and contorted capillaries. Query? Are these the analogues of the fœtal cotyledons of the ruminants?

From these observations, which were given in minute detail, the author has attempted to simplify the functions of the human placenta. He observes, that in the incubated egg, in consequence of the non-connection between the embryo and parent, that a nutrient or respiratory organ is indispensable, and hence the more complicated system of vessels. That in the oviparous vertebrata, the vitellary sac, and the omphalo-mesenteric vessels, represent the placenta of the mammalia, which is the absorbent organ of the fœtus; but while, in the one case, the nutrient materials of the mother, already aerated by her lungs, are conveyed by the uterine arteries for absorption and nutrition of the embryo; in the other, the materials of the blood are absorbed by the folds of the vitelline sac, and conveyed through the circulation of the young bird, requiring, however, contact with oxygen for a second circulation. Hence a new membrane, or one that is persistent up to the time of independent respiration, namely, the allantois; and hence, also, the more complicated system of its vessels. The allantois, as a respiratory membrane, exists only as a rudimentary organ in mammalia; and the function of the placenta being solely that of nutrition by already-oxygenised materials, the cord contains only a simple system of incurrent and excurrent vessels.

Dr. Robert Lee, in the course of last summer, had examined several very minutely-injected placentæ, and had no doubt, from what he had then observed,

and from what he had seen in the placental tufts of the sheep, that the account now given by Mr. Dalrymple, of the manner in which the fœtal arteries of the human placenta terminated in the veins, was correct. When the blood-vessels of the human umbilical cord reached the placenta, they all carried before them a layer of the chorion, or became invested with a sheath of the endochorion, as it had been termed. It was easy to demonstrate, that any fœtal vessel of the human placenta had two coats; the inner being a continuation of the blood-vessels of the cord, the other, the sheath of endochorion. Between these vessels, on the fœtal side of the placenta more particulary, there were large irregular interstices, or spaces, which freely communicated together, and were called by Dr. William Hunter "the cells of the placenta." Into these, the existence of which he (Dr. Lee) had formerly doubted, the maternal blood flowed by the small curling arteries in the placental decidua, which were continuous with the arteries, or anastomosed with them. Dr. Reid had stated that the veins of the uterus were continued into the placenta, and formed the interstices, or cells, in the organ into which the maternal blood flowed; but he (Dr. Lee) was satisfied that this opinion was incorrect. The veins of the uterus always terminated in smooth, oblique openings in the lining membrane, which were not continued into the placenta. There were oblique openings in the placental decidua, it was true, which corresponded with these smooth, oblique openings in the lining membrane of the uterus, and by means of which a communication existed between the interstices of the placenta and the venous system of the uterus. These structures, however, were entirely different from one another; and when the placenta was separated in the labour, the arteries and veins of the uterus were opened but not lacerated.

In answer to a question from Mr. Oldham,

Mr. Dalrymple observed, that the object of his paper had no reference to the communication between the embryo and the mother, but was confined to the special anatomy of the placenta itself. He had never had the good fortune to obtain a gravid uterus, and could not, therefore, speak from actual observation of the mode of vascular connection which existed between the fœtus and the mother. He had not observed bodies resembling those seen on the fœtal membranes of the pachyderms, but thought that the blunt papillæ, mentioned in the paper, were rudiments or analogues, of the fœtal cotyledons of the ruminantia. Mr. D. expressed a hope that those gentlemen who possessed frequent opportunities of inspecting recent placentæ, would direct their attention to the question, whether the vibratile cilia existed on the covering of endochorion forming the papillæ, or placental tufts, which the epithelium-like scales and corpuscles rendered not improbable. The highest powers of the microscope only would be available for such a purpose, and the placenta should be examined with the least possible delay, as much variation as to the time the vibratile action remained, existed with regard to these objects, after separation from the living organism.

OBSERVATIONS ON THE EPIDEMIC PLEURO-PNEUMONIA, OR SECONDARY DISTEMPER OF HORNED CATTLE.

By William Faussett, A.B., Licentiate of the Royal College of Surgeons in Ireland, &c., &c. Surgeon of Drumcondra and Richmond Dispensary.

The diseases which affect some of our domestic animals, of the class mammalia, and especially so many of them as partake of the features and characteristic symptoms of similar morbid processes in our own species, naturally present many interesting phenomena to the contemplation of the medical and pathological inquirer, and for the following among other reasons:—

1st. Because the general characters of structure and function which those animals possess, in common with man—the similarity of their elementary tissues—the high degree of intelligence which their habits and actions indicate—and above all, perhaps, the perfection and regularity of their respiratory and circulatory systems enhance the interest of the inquirer, while they render them, *to a certain extent*, susceptible of the same functional and structural changes with ourselves.

2dly. It seems reasonable to conclude, when disease *does* occur in their bodies, that owing to the simplicity of their food, the uniformity of their lives, and the weak developement of any thing like mind, to control or interfere with the origin and progress of the morbid change, the agency of medicines would be found more certain, the symptoms and indications more constant, and the specimens of morbid anatomy to be met with, more plain, simple, and uniform, than in the human subject.

These considerations have been forced upon my mind by contemplating the epidemic distemper of horned cattle, which has of late raged with such violence in many of the grazing and pastoral districts of this country; carrying off in some instances whole herds of some of the largest and highest bred of the species, and *that*, without any rational or effectual measures being adopted to stay or controul its ravages.

Having lately been requested by a gentleman, in whose family I was attending, to look at some cattle of his, which he stated to be labouring under distemper, I accompanied him to his farm yard, and after studying with some attention the cases of these animals, felt my mind so far interested in the nature of their disorder, as to be subsequently led into a further inquiry on the subject; the result of this inquiry it is now my object to present to my readers.

There appear to be confounded under the common name of *distemper*, two affections, which, though prevailing sometimes in the same herd, at the same time, yet appear so extremely different in the general outline of their pathology, progress, and termination, as to admit of rather an obvious and necessary distinction into the *primary* and the *secondary*.

The primary affection manifests itself chiefly on the surface, and is characterised by ulcerations of the feet, lips, nose, and lining membrane of the mouth and tongue; and accompanying the ulcers in the latter situation, there is a constant slavering or dribbling of a frothy saliva.

In some cases, swellings resembling the disease called strangles in the horse, occur at the upper part of the throat or outer fauces. In others, the teats or mammæ take on inflammation, and become swelled and indurated. This swelling may go on to suppuration, or, as sometimes happens, such a quantity of lymph is poured out on the mucous surface of the lacteal canals, that these ducts become obliterated, and the animal remains for ever after more or less useless as a milker.

The secondary affection, or that which it is more my present object to consider, comes on at variable intervals after the *primary*. In some instances I am informed the intervening period is only about three weeks, but in all cases, with but one exception, so far as my inquiries have extended, the secondary has been preceded by the primary. In the few cases of the former which happened under my own immediate notice, my attention became at once forcibly directed to the state of the thoracic viscera, for without pretending to

have entered on any very great refinements of diagnosis, it needed but a glance to recognize the most distinct and manifest evidences of inflammation affecting both the substance of the lungs and their lining membrane. The respiration was short, quick, and evidently distressing. An occasional, yet ineffectual effort was made to cough, and each act of expiration was accompanied by a low and half suppressed moan.

There were considerable irregularities of the circulation, as might be noticed by the different states of temperature on the surface. The extremities of the ears and horns were cold. In one instance, I observed one of the horns to be quite cold, while the other remained warm. In some cases the legs are said to be cold. The general surface of the body is usually at a moderate and uniform temperature.

On the whole, the *general appearance* strongly denotes visceral, and more especially pulmonary disease. The eye is dull—the head drooped—the carcase more or less drawn up—and the animal appears as one might say, almost *occupied* about its respiration, heaving and breathing in a most distressing manner.

The skin, though occasionally ruffled, cannot at first be said to be in the condition called "hide bound," though I imagine as the disorder advances, that it generally becomes so.

From a very superficial observation of the foregoing phenomena, I had but little hesitation in making up my mind, both as to the nature of the malady, and the course of practice most likely to relieve it. Active inflammation of the lungs and pleura is a disease as every one knows, not to be trifled with—a primary object therefore should be, to strangle, if possible, "the monster in the birth." In a dumb animal, however, of naturally dull habits, and with a thorax peculiarly inaccessible to the recognition of disease, this is not perhaps so easily achieved, and sometimes the attack comes on so insidiously, as to afford no very striking signs, at first, of its true character; nevertheless, moderate attention, as it appears to me, cannot fail in most cases, to detect even its earliest onset. When *e. g.* an animal, previously healthy, begins to droop, and to decline its food, the eye becoming dull—the hair staring—the breathing quickened, and attended, now and again, with an ineffectual effort to cough. When, in addition to all this, the subject of these signs is kept in, or comes from, an infected district, there is little further evidence needed for suspecting the presence of the disease. Supposing, however, that we have found a case in which its existence is completely ascertained, the question next arises, how is such a case to be dealt with, and this brings me to speak of the treatment.

Without pretending to any thing like what is called "skill in cattle," or without any wish to entrench on the province, or jealous prerogatives of the veterinary surgeon, I shall proceed to lay down what appears to me to be the most judicious method of treatment, and I trust, before bringing this paper to a close, it shall appear, that the grounds upon which I would venture to propose its general adoption have not been either rashly or unthinkingly assumed.

Large bleedings in numerous instances have already been practised, and large bleedings so far as I can learn, have often proved utterly ineffectual.

The cause of this failure I conceive to be twofold:—First, because bleeding in any disease is at best "not half the battle." Secondly, Because it has been practised at wrong times, and on wrong subjects.

When the animal however is vigorous, or has been previously pampered, when the breathing is oppressed and quick—the veins full—and the disorder only commencing, I hesitate not to say, that the operation should be performed with the utmost boldness by a wide orifice, and in such a manner, that the blood shall not trickle on the neck, but flow in a full and continued stream. If, during the operation, there be any manifestation of fainting or weakness, if the breathing instead of becoming slower, become faster, or if anything like a chill or rigor come over the surface, the vein should, of course, be instantly tied up, and not without urgent reasons, be again opened. If, on the contrary, a more equable glow of heat be diffused through the body, if the extreme parts (ears, horns, legs), previously cold, should become warm—if the hair previously staring, should cease to stare, and if above all, the breathing previously hurried and oppressed, become freer and more tranquil, the operation has succeeded, and should be repeated even after the interval of a few hours, *provided* the relief afforded by the first bleeding should not continue.

But practice like this, is, of course, inadmissible, under other circumstances, viz: where the animal is not gross or pampered, is apparently relaxed rather than rigid and gathered up—does not possess native vigor—in whose body the veins are small and scarcely discernible—whose vital energies are already exhausted by the disease having attained to an advanced period—under all, or any of these circumstances, it is evident that bleeding is rather to be avoided.

With respect to the appearance of the blood, I feel that I can safely say that at least *the negative* indications are not always to be relied on, as I have seen it looking quite natural, when in other respects there were the strongest evidences of high inflammation. Perhaps this, however, belongs rather to the commencing, than to the advanced stages of the disease, though certainly in two or three instances I have noticed it in the latter.

A great deal of time is lost, and a great deal of mischief done at the early periods of the disorder, by drenching the animal with immense doses of salts, and other strongly purgative medicines. Instead of this irrational and worse than unnecessary practice, I would recommend commencing at once, with such agents as both analogy and experience warrant us in thinking will be found to act powerfully and efficaciously in combatting the disease at its centre. These in a word are mercurials and antimonials, of which the most obviously applicable preparations are calomel and the emetic tartar. About 30 grains of the former with from 40 to 60 of the latter, should be exhibited about four times in the twenty-four hours, and be steadily persisted in, till the symptoms begin to remit (which they will sometimes do after very few doses), and then afterwards at longer intervals. If the dose of calomel greatly exceed thirty grains, it is apt to run off by the bowels, which notwithstanding the derivative effect thus produced, I hold to be a result not at all desirable. If, however, the case be very urgent, or that the time for bleeding has gone by, *or* that *after* copious depletion the symptoms are still unsubdued, it would no doubt be advisable to commence at once with drachm doses of calomel; but, upon the whole, I should prefer increasing the dose of tartar emetic, from the intestinal irritation, which I have sometimes known the calomel produce; for in some instances it will be found to purge violently, bringing away at first dark stools, and afterwards frothy and mucous discharges—some of them like frog-spawn, and others occasionally tinged with blood, which greatly exhaust the animal's strength. In such cases I would suspend the use of this agent, and administer an oily draught.—About a pint of linseed oil with half a pound of treacle, will answer every purpose. Castor oil is of

course preferable, and turpentine to the extent of one or two naggins may occasionally be given with either medicine. Turpentine will often be found to act powerfully on the kidneys, and bring away large quantities of urine. In one instance during its exhibition, a cow three months gone in calf, was observed to have aborted. I am not aware whether cows labouring under distemper, are prone to such accidents; but as turpentine possesses considerable power in stimulating the uterus, I deem the fact not unworthy of being recorded. During the suspension of the calomel, the tartar emetic may in many cases still be continued, and be advantageously combined with nitre—about two drachms of the latter with one of the former; but as soon as the intestinal irritation is allayed, whether the nitre is to be continued or the calomel resumed, must of course depend on the state of the pulmonary affection; at all events, when the calomel has once purged, it is better to diminish the dose to at least one-half before beginning its use again. Nitre in small doses, besides acting on the kidneys, exercises a valuable influence in lowering fever, equalizing the circulation, and determining to the skin. I have been informed that so much of this substance as two ounces and even a quarter of a pound, together with a large quantity of spirits, is sometimes given by farriers to an animal labouring under this active form of inflammation; but a practice like this cannot of course be too strongly deprecated, and it will generally be found safer to adopt small doses, frequently repeated. There are other medicines, which I make no doubt might in proper hands, be found useful auxilliaries to those already mentioned, and especially some of the diuretic class, but my firm conviction is, that the simpler the treatment, the better; and perhaps under all circumstances and in every case there are few remedies can be found so generally efficacious as those referred to, exhibited with the above precautions and alternated with one another, or otherwise modified as the case may be. But as all of them have a tendency more or less to debilitate, they should be gradually discontinued as the symptoms subside. By their timely adoption, however, and judicious application to the early stages of the disorder, they will frequently be found decisive in arresting its further progress.

With respect to blisters, however appropriate in the advanced periods of the disease, they are of course generally inadmissible in the commencing stages.

As to the general management of an animal labouring under this form of distemper, it seems scarcely necessary to touch upon this subject, since a loose stall, dry bedding, attention to cleanliness and comfort, free ventilation, with moderate temperature, sheeting in very cold weather (frost and snow, *e. g.*) mashes of bran and gruel as soon as they will be taken, and at all times, abundance of drink, are merely such suggestions as common observation must point out, and common sense approve of.

The frightful havoc which this form of distemper has made of late, shews that its true nature could not have been understood; and in many instances the treatment of the subjects of it, as I am informed, was violent and irrational in an extreme degree.

It unfortunately too often happens, that the lives of these valuable animals are entrusted to the discretion of the most ignorant, as well as the most confident and dogmatical of the human race—men into whose minds some *one* idea having as it were by *accident*, found admission, appears "to grow with their growth," till it becomes so big as to exclude every other, at least, imperiously to disclaim all interference on the part of either humanity or reason.

While we pursue then our inquiry into the history and pathology of this disorder, as a matter interesting to ourselves, it is sufficiently obvious that the history of *its treatment*, and the establishing something like a fixed and rational method of cure, becomes an object, which, in a social, no less than in an agricultural, commercial, and even national* point of view, possesses the highest claims to attention.

Shortly after the first cases which I had seen of this secondary form of distemper, an opportunity was afforded me of verifying both my diagnosis and treatment by dissecting the bodies of two animals which died while labouring under it. One of these had been literally asphyxiated by the process of pouring gruel down its throat too suddenly, at a time its breathing was so short as to render any such operation highly dangerous. The other, a two year old Durham heifer, and one of the largest and finest of the species I have ever seen, had first had strangles and subsequently became attacked by pleuritic and pulmonary inflammation, but in so insidious a manner as to have attracted but little attention from her owner, so that in fact no proper treatment *was adopted* for its cure. Upon opening the body of the first animal, I found considerable thickening of the pleura, especially on the right side, and a layer of lymph investing the entire of the right lung at the posterior part.

The lung itself was a good deal solidified and altered in color—was much heavier than natural, and had lost its naturally soft and crepitous feel, and when cut into with the knife, portions of it appeared of a mixed livid and fawn color. The interlobular septa were somewhat thickened and condensed. The hepatization was more intense at some points than others, but could not be said to be any where very great. By scraping the incised portions, a frothy serous fluid made its appearance. A small quantity of serum was contained in the right pleura. The affection of the lung seemed secondary to that of the pleura, being in a somewhat transition state between engorgement and hepatization. The greater part of the left lung and pleura were unaffected and so likewise were the heart and pericardium.

In the body of the younger animal the disease had made more extensive ravages, and presented all the characters of an advanced stage of pleuro-pneumonia. The instant the walls of the thorax were laid open, a large quantity of straw-colored serum, slightly turbid with flocculi and a few shreds of lymph, gushed forth. The entire of the right lung was enveloped in the most perfect manner, with a false membrane or firm investment of yellow concrete lymph. This membrane was particularly thick at the posterior part, where it was connected to the thorax by very strong though recent adhesions. The right lung itself was in weight, color, and general solidity, one of the most perfect specimens of hepatized pneumonia which I ever saw. The extreme condensation of its substance, however, might have been in some measure owing to the pressure of the surrounding fluid, though, certainly in a still greater degree to the intensity of the inflammation affecting the organ itself. The left side of the thorax seemed unaffected by disease.

Since writing the above, an opportunity was afforded me of examining the body of a third animal, which fell a victim to the same form of disease. This was a fine bullock calf of the Devon breed, between eight and nine months old, which, after the usual routine of, first, purging, then bleeding, and then purging again, died on the 5th or 6th day from that on which it was first noticed to be affected. The appearances on opening the thorax differed immaterially from those particularized in the preceding dissection. There was considerable effusion into the left pleural sac, containing a few minute particles of lymph. The costal and pulmonary

* Black cattle being an important, if not the most important, item in the export trade of Ireland.

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layers of pleura were glued together by a quantity of the same substance poured out between them—a large quantity likewise was adherent to the outer portion of the pericardium, lying between this membrane and the inner surface of the left lung. The lung itself was entirely solidified* anteriorly and inferiorly—its alveolar texture being in these portions completely obliterated. It was of a dark purple color, of considerable weight, and its cellular septa greatly thickened. More posteriorly the inflammation was at an earlier stage, and the substance of the lung less altered from its original characters—still more posteriorly as well as superiorly, portions were to be found scarcely, if at all, involved in the disease. The right lung was in a natural state, except at one point, in a small separated lobe, at the upper part, where there was to be noticed an isolated spot of lobular pneumonia.

The whole of the left kidney seemed diseased, and its lobules discolored, and in a somewhat disorganized state.

The examination to which I was thus casually led, respecting this form of cattle distemper, appeared still to require a great number of cases to place its symptoms, pathology, and treatment, on a rational and satisfactory basis. To supply, therefore, a deficiency which my own very limited sphere of observation, could not enable me to do, I was at considerable pains to satisfy myself by inquiries made in different quarters, that the disease above described, was the identical one which every where through the country raged like a pestilence, and it is highly satisfactory to me to mention, that the view of its pathology and treatment which has been set forth in the above imperfect sketch, has derived a most valuable confirmation from the experience of Doctor Hannan, a gentleman, who, residing in a country district, availed himself of the opportunities afforded him of witnessing several cases of the disease, and of inspecting the bodies of some animals which died of it. In addition to the morbid appearances above detailed, Doctor H. states that he found the pericardium in some instances involved in the inflammation, its serous membrane appearing of a pink hue, or else containing extensive effusion—that in others he found the peritoneal covering of the liver inflamed, and the organ itself congested and enlarged; but that the lungs and pleura seemed in every case to be the primary seat of the malady, and were generally in the highest state of inflammation, affording some of the finest specimens of morbid anatomy, which he had ever seen. The only treatment which Dr. Hannan found he could rely on, was with some modification very much the same with that which has been detailed above.†

Without wishing to prolong this paper to an inconvenient length; the order of succession between the two forms of distemper, when it so happens that they do succeed each other, and the probable nature of this connection seems not undeserving of some remark. With respect then to those cases in which it is to be observed, it may be asked—1st. Is there any thing arising out of constitutional peculiarities in one animal as compared with another to determine such an effect? 2nd. Is it to be accounted for by any difference in the treatment of the primary disease; or, 3rd. Can it be traced up to the inclemencies of the season on the one hand, as, e.g. during the unexpectedly early occurrence of frost and snow, or upon the other, to numbers of animals being crowded together under the same shed, whether for stall-feeding or dairy purposes?* From want of more extended observation, I feel that I cannot venture myself, to speak confidently in reply to any of those queries, but am disposed to think that in many instances the secondary distemper became induced under some of the very circumstances herein particularised. Let it be supposed, e.g., that an animal in prime condition and loaded with fat, becomes attacked with ulcerations of the mouth, tongue, lips, nose, and feet—swellings in the flank, swellings in the teats or mammæ, or strangles of the throat—that these different affections are slightingly treated, or suddenly repelled by cold applications and astringent washes, and that subsequently the animal either becomes exposed to unusual severities of weather, or else undergoes the ordeal of "house-cramming." Have we not by either of those courses a train of circumstances laid, which might fairly be said to invite or even provoke visceral disease? There are certain redundancies in the system, or what the older pathologists might call impurities of the blood, arising out of atmospheric constitution, the qualities of fodder, high pampering, or any other cause;—these, nature tries to divest herself from by throwing them on the surface, and hence the swellings and the ulcers that have been enumerated—all which morbid processes are intimately connected with the state of the general circulation, and in a gross and plethoric animal, more perhaps than any other, influenced by, and influencing this function.

By repelling those efforts of nature, then, the system becomes oppressed by an embarrassed circulation, and strongly predisposed to those internal diseases which any, the most trifling, cause is sufficient to call into active existence. The principle involved in such considerations, has, at least for the agriculturalist and cattle owner, an obviously practical bearing. The local affection is of comparatively little importance, so long as it remains on the surface. The primary object should be, not to repel it suddenly, at least in a full and high-fed animal, which is the case supposed, without at the same time employing such general treatment as would guard the system against the consequences.

Had the Durham heifer referred to above, when attacked by strangles in the throat, &c., been freely bled, and that this treatment had been followed by one or two purgatives, seconded by antimonials and diuretics, my conviction is that secondary distemper would have never occurred; or, had it done so, would have appeared in a far more mitigated form.

The analogy which becomes thus involved in history, progress, and termination, between certain forms of inflammation in oxen, as compared with like forms in the human species, presents to the mind a subject of most interesting contemplation. It goes, perhaps, also, in a large measure, to show how great must be the influence of the circulation in modifying disease, when animals so different in their nature, their form, their habits, their digestive systems, the qualities of their food, as well as in the perfection and qualities of their respective nervous systems, are found to generate within them certain morbid processes, which, in the most prominent features of their pathology, might be almost called identical.

The exact similarity, however, of the affected organs, both as to structure and function, when in the natural state, seems to afford abundant data for a rational and satisfactory explanation.

* The diseased structure here, as in the preceding dissection, was so different from carnification, that the inflammatory process could scarcely be said to have been moderated by the pleuritic effusion.

† Dr. H. states that in many cases by laying his ear close to the chest of the animal, he was enabled to recognise distinctly a crepitating rale, and that in others, the heart's action was excessive, and its sounds remarkable for their loudness and strength.

* In two large dairy establishments near this city, the secondary distemper raged with most fatal consequences.

REVIEWS AND NOTICES OF BOOKS.

An Account of the Vegetation of the Outer Hebrides.—By J. H. Balfour, M.D., Regius Professor of Botany in the University of Glasgow, and Charles C. Babington, M.A., F.L.S.

The Western Hebrides of Scotland although of considerable extent, lie at such a distance from the mainland, and access to them, for a great part of the year, is so difficult, that they are very seldom visited by travellers; and little comparatively is known respecting their climate, population, or vegetation. Professor Balfour and Mr. Babington, who spent some weeks in an excursion through them during last autumn, have given a most interesting account of their tour, and their contribution is particularly valuable, from containing the first catalogue of the plants indigenous to them ever published.

It would appear that the climate of these Islands is much more equable than that of the mainland, frost and snow being comparatively unknown; a large amount of rain, however, annually falls. The number of flowering plants collected, amounts to 316, and in addition, fifteen species of fern were noticed. Although no species *new* to the British Flora were discovered, the catalogue is valuable in several respects, as shewing a greater range of latitude to many plants than had been formerly supposed, and giving new localities to some rare plants.

We are glad to see Dr. Balfour engaged in extending the knowledge of our indigenous plants, and we hail it as a token, that the high scientific character of the chair so long filled by Sir Wm. Hooker, will be well supported by him.

TESTIMONIAL TO MR. CARMICHAEL.

A deputation from the committee appointed by the subscribers to this fund waited upon Mr. Carmichael, at his house, in Rutland-square, on Wednesday last, for the purpose of presenting him with the splendid piece of plate subscribed for by more than 400 of his professional brethren. The following address was read by Dr. Thomas Beatty, Chairman of the committee:—

"TO RICHARD CARMICHAEL, M.R.I.A., CORRESPONDING MEMBER OF THE ROYAL ACADEMY OF MEDICINE OF FRANCE, &c.

"Sir—In fulfilment of the duty imposed upon us by upwards of 400 members of the medical profession, we have waited upon you to present to you this piece of plate, the "*Testimonial*" by which they are anxious to record their deep sense of your merits as a successful cultivator of medical science, and a zealous supporter of the honor, dignity, and interests of the profession.

"In the discharge of this office, so extremely gratifying to us, we cannot avoid availing ourselves of this occasion to express personally the high respect and regard which, in common with the profession in all countries, we entertain, not only for your public and professional character, but also for your private worth.

"THOMAS E. BEATTY, Chairman.
"HAMILTON LABATT, Secretary."

Mr. Carmichael returned the following answer:—

"Gentlemen—This splendid testimonial, presented to me by upwards of four hundred of my professional brethren, distinguished as many of them are in both countries, is indeed a flattering and gratifying indication that my exertions for the advancement of medical science, and my desire to promote the respectability of our profession, have not been altogether unsuccessful.

"Testimonials of the estimation in which any individual is held by our profession, are seldom offered, except by pupils to their teachers, or as a tribute to the memory of those who are no longer objects of professional rivalship or jealousy. But you have nobly and disinterestedly vindicated the character of our profession, and proved how little it is actuated by any feelings but those that do it honour.

"Gentlemen—I feel grateful for the reasons which have induced you to present this testimonial. That you should consider me "a successful cultivator of medical science" is to me a source of pride. That I should have been also, in your opinion, "a zealous supporter of the honour, dignity, and interests of the profession" is to my feelings no less a matter of gratification.

"Knowing that some of the highly-valued friends around me entertain different opinions from mine as to the means of promoting the respectability of our profession, I feel doubly gratified by their presence here this day. Though every enlightened and candid member of our body must admit the many evils which prevail in it, and the necessity of some reform, yet the remedy is not so apparent as the disease.

"I trust, however, that without subverting established and venerated institutions, every improvement necessary for the interests of the public, and for the usefulness and honour of the medical profession, may be accomplished.

"Allow me, gentlemen, in conclusion, to express with warmth and sincerity the deep sense I entertain of the kind and too flattering terms in which you have presented to me this splendid, this honorable, this most highly prized testimonial."

During the reading of his answer, Mr. Carmichael was evidently much affected.

After the presentation of the plate, the deputation, with several friends, partook of an elegant collation, and retired much gratified with the day's proceedings.

The piece of plate, which was manufactured by our respected fellow-citizens, Messrs. Law and son, consisted of a silver centre-piece, representing the Graces, supporting, above, a basket richly ornamented with flowers. The figures are dead-white, beautifully executed, and standing on a tripod base of burnished silver. On two sides of the base, Mr. Carmichael's arms and crest are engraved in antique scroll shields, and on the third the following inscription:—

PRESENTED TO
RICHARD CARMICHAEL, M.R.I.A.,
CORRESPONDING MEMBER
OF THE
ROYAL ACADEMY OF MEDICINE OF FRANCE,
BY
FOUR HUNDRED AND TEN OF HIS PROFESSIONAL BRETHREN,
EXPRESSIVE OF THEIR SENSE OF HIS ANXIOUS DESIRE TO PROMOTE THE INTERESTS OF HIS PROFESSION AS WELL AS OF HIS UNWEARIED ZEAL IN THE ADVANCEMENT OF MEDICAL SCIENCE.

The following subscribers sent in their names since the last published list:—Michael C. Bernard (Dundrum), John Drennan (Leeds), J. Carey (Dublin), L. Carey (Dublin), Dr. Wright (Arklow), Surgeon Ferrall (Dublin), B. M'Dowell (Dublin), Thomas Sunter (Dublin), Dr. Reardon (Tipperary), Dr. Briscoe (Pilltown, Kilkenny).

POOR-LAW INTELLIGENCE.

ATHY UNION.

At the meeting of guardians held upon the 16th inst.,

Doctor Carter of Castledermott, proposed to vaccinate the poor in his district for the sum allowed by the commissioners.

Mr. Caulfield bore testimony as to his kindness and attention to the poor, and said he considered him well qualified to perform the duties.

Mr. Doran thought the dispensary doctors should be required to do that service gratis.

Mr. Lyons said, it would be too much to require of them, as they were already very poorly remunerated.

Mr. Brown said, that Doctor Carroll of Monas-

tereven had told him he would propose to vaccinate for the divisions of Monasterevan and Nurney.

Both the above medical gentlemen were appointed, and the clerk was desired to communicate with them, requiring their attendance with their *sureties* on the next day of meeting.

On the suggestion of Lord Downes, it was ordered to be intimated to Doctor Carroll, that he should attend one day in each week at Nurney, and another at Monasterevan.

Mr. Muggeridge inquired if there were any more tenders, as five districts were yet unprovided for.

Mr. Lyons said, Doctor Lawler of Stradbally would have proposed for Luggacurren division, but he would not accept the remuneration allowed by the commissioners. He said the medical men of this country considered they were very badly treated, in not being allowed the compensation given to medical practitioners in other countries.

Several guardians expressed their opinion that the compensation was too small for the services required, being obliged to see the subject vaccinated, four times, and make four several entries in a book to be kept for that purpose.

This opinion was dissented from by several of the board.

Mr. Muggeridge said, they might think the sum small for each case, but they would find that in the aggregate it would be large enough; he had known several medical men realise £50 a year by it. Besides there was a misconception as to the amount of service required, arising from the book for entry of cases being ruled with four columns; and which he considered had great weight in deterring practitioners from coming forward. It was not intended that in every case there should be four entries; it was only required that the physician should inspect the patient only so often as would enable him to certify that it was a successful case of vaccination. Some medical men would consider it sufficient to inspect the patient on the fourth and eighth, others on the eighth and twelfth days; now this was all that was required, it being sufficient to certify that the case was successful.—*Leinster Express.*

NORTH DUBLIN UNION.

TO THE EDITORS OF THE MEDICAL PRESS.

37, Marlboro'-street, Dec. 18. 1841.

GENTLEMEN,—I have been this day informed by Mr. Phelan, that the statement referred to in my letter to you of the 8th instant, as one reported to have been made by him at the meeting of the Board of Guardians, of the North Dublin Union, after we had left the room, namely, that my colleague and I were not in the habit of inspecting the paupers till several days after their admission is wholly incorrect, and that in fact, no such statement was ever made by that gentleman. I lose not a moment, therefore, in correcting the error into which I have fallen, and at the same time, expressing my sincere regret at having thus hastily adopted a report, which, if true, must have operated greatly to his prejudice.

I need not say that it was a belief in this statement which induced me to make my communication to you, and that being found incorrect, I regret I should have said anything to wound the feelings of any person concerned in an investigation, which I must admit has been conducted with much gentlemanly courtesy throughout.

I am, gentlemen, your's very truly,

JAMES F. DUNCAN.

MR. DENIS PHELAN AND THE MEDICAL CHARITIES OF IRELAND.

MALVOLIO.—I say this house is dark.

CLOWN.—Thou errest—there is no darkness, but ignorance: in which thou art more puzzled than the Egyptians in their fog.

TO THE EDITORS OF THE MEDICAL PRESS.

Infirmary House, Ennis, Dec. 15, 1841.

GENTLEMEN,—An enquiry into the state of the medical institutions of this country, conducted with fairness and impartiality, with a view to the extension of medical relief to the poor, and with the object of increasing and widening the sphere of usefulness of those institutions, and conducted by *gentlemen of veracity and impartiality* would confer immense benefit upon both the people at large and the medical profession—but when an enquiry dictated by a wish to procure permanent situations for officials, who must otherwise soon "return to the places from whence they came," and conducted in such a manner as to exaggerate and multiply accusations of mismanagement, to allow no credit for duty well performed, and to distort and falsify facts, is endeavoured to be palmed upon the public, as a real "report on the medical charities," it behoves every member of the profession to come forward and state the instances in which such highly reprehensible conduct has been adopted.

I shall therefore not apologise for trespassing upon your columns, with a few observations on the part of the inspection by Mr. Phelan and Dr. Corr, which more immediately relates to that part of the country with which I am connected.

In the first place with regard to the county of Clare Infirmary, it is stated at page 101 of the report, that the amount of subscriptions for the last year was only £8 6s. When making this statement, Mr. Phelan must have been aware that this was the amount only of *annual* subscriptions, he having most unfairly refrained from noticing the amount of money subscribed by *life* governors, in number 116,* in order to illustrate his favourite position of the deficiency of private support and the want of governors to manage the institution.

He then alludes to the smallness of airing ground for convalescents, well knowing, at the same time, that over a third of the infirmary ground was occupied by the House of Industry, and stating, what was not the fact, that there were "*two* fields and a garden connected with the hospital." Mr. Phelan was told at the time of the inspection, that the governors only waited for the establishment of the new Poorhouse, by which the above mentioned part would be vacated, in order to adopt considerable improvements in the economy of the hospital; yet, with his usual obliquity of vision and hearing, he has seen two fields where but one existed, and has altogether forgotten much of what he has heard. The circumstance of the badness of the sewerage and water, was *first* pointed out to Mr. Phelan by the governors, or I doubt much that with all his acuteness he would have perceived it.

Mr. Phelan's allusion to the medical duties of the gaol, (with which, fortunately for it, he has nothing to do,) is nothing less than an instance of his meddling and malicious disposition, combined with his ignorance. He says that "the father of one of the surgeons is physician to the gaol, for which he is paid the full salary allowed by law, and that the attendance of others is unnecessary." I suppose from this, that Mr. Denis Phelan has a design of constituting himself

* The subscription of a life governor is £21; and one gentleman, Colonel Wyndham, with his characteristic liberality, gave a donation of £100. to the funds of the Infirmary.

an Inspector General of Prisons, and that he thinks it would be a capital place to fall back upon in the event of his present *trade* failing—the real facts of the case are as follow :—My father, who is a "pure physician" was appointed to the county gaol in the year 1810, when a surgeon was also elected with a salary—the physician of course is unable to discharge the surgical duty (which is considerable); and upon the death of the late Dr. Castle, the surgeon to the infirmary and gaol, I was obliged to give my services to it as a surgeon, which I have discharged gratuitously since 1832—of course, by doing so, I am legally entitled to the grand jury presentment.

Mr. Denis Phelan then comes to what appears to be his grand stalking-horse, the dispensary. It being found necessary to increase the accommodation of the infirmary, a *large* meeting of the governors took place in March, 1841, when the following resolution was unanimously adopted—Andrew Stackpoole, Esq., of Ballyally, in the chair :—

"This meeting is of opinion that the neighbourhood of Ennis, like every other locality, should provide such dispensary relief for its poor as they need, without drawing upon the funds of this institution, which are primarily intended for *intern* patients; and they are therefore constrained, by the urgent demand for further intern accommodation, to direct that the dispensary attached to this establishment shall be *forthwith* closed, in order to such arrangement as their funds will afford being made for this purpose."

In pursuance of this resolution, circulars were sent to the gentlemen possessing property in the neighbourhood, soliciting their support for the new institution, which were promptly and generously responded to, and from which the Ennis Dispensary took its origin.

Mr. Phelan says that the medicines for this dispensary are kept in the infirmary; but, with his usual candour, omits to state that they are kept in a separate room from the infirmary medicines, and that it was repeatedly explained to him that the arrangements were only temporary, as it had been established only two or three months before his visit.

By the arrangement above mentioned, the governors have been enabled to add twelve beds to the infirmary; and so much has the intern accommodation been increased, that during this present year no *male* case which *required admission* has been refused, more than once.

Mr. Phelan concludes his notice of the Ennis institutions, by what cannot be considered but as a most impertinent sneer at the mode in which the fiscal business of this district is managed. This comes very well from an assistant poor-law commissioner; and I should reply in proper terms to such an insinuation, were I not confident that the characters of the gentlemen who compose our grand juries and boards of cess-payers are beyond the low attacks of one "whose praise is censure, and whose censure praise."

Mr. Phelan states that infirmary relief is afforded only to a portion of the Tulla dispensary district, and that only for a small portion of the lighter cases is the infirmary of use to the Scariff district; and that the greater portion of one large parish (Feacle) is altogether deprived of the benefits of the infirmary and fever hospital. With regard to this statement Mr. Phelan must have been grossly misinformed, for, on reference to the books of both institutions, I find that considerable numbers of persons have been admitted from the places above mentioned, and that some cases, sufficiently serious to require capital operations, have come from them to the County Infirmary.

In order to show how fairly the above inquiry has been conducted, it would be useful (I believe) to mention an anecdote or two connected with the "Hegira" of Mr. Denis Phelan and Dr. Maurice Corr.

One dispensary, being seven miles distant from Ennis, was inspected in the following convenient manner:—Messrs. the Assistant Commissioners being seated in their room, in Carmody's Hotel, Ennis, sent for the medical attendant, and having wished his dispensary to migrate into Ennis (it being a very wet day); presto; the business was done; and, in place of having had a dreary drive over mountain roads, their honours, much to their own convenience, inspected the locality and management of the dispensary. Perhaps some of your correspondents will inform you of some similar instance. All I can say is, that I wish I could earn my salary as easily as those gentlemen can do.

The following circumstances have been told me by a most respectable Roman Catholic clergyman, who resides in the north of this county, about 20 miles from Ennis, and is treasurer to a dispensary.

Mr. Phelan was most industriously taking down the opinions and suggestions given by the subscribers of the dispensary, during his late inspection of it, until the above named gentleman and the medical attendant of the dispensary stated, that their locality derived much benefit from the county infirmary, and that the sick poor whom they sent to that institution, were invariably admitted without delay. Mr. Phelan immediately laid down his pen and ceased note-taking, as if this was foreign to his purpose, and of course it was, for praise to any county infirmary was the last thing which he would wish to have in his report—and this candid, honourable, and high-minded *gentleman* had no notion of allowing any evidence which would militate against his own views and objects.

In like manner Mr. Phelan has omitted to mention in how many instances he was met by "*suggestions*" that the government of the medical charities ought not to be placed in the hands of the poor-law commissioners.

Mr. Phelan may write "*private*" notes to medical men to try and bamboozle them into an acquiescence with his views and to lead them to give him favourable "*suggestions*;" but neither the chicanery of himself nor the humbugging of his colleague, Dr. Corr, about his desire to advance the interests of the medical profession, will, I hope, enable him to throw dust in the eyes of the medical men of Ireland, and convince them that the medical commissioners are actuated by any other motives than a desire to quarter themselves on the public purse, and to render themselves dictators and tyrants over men, who are in every way their superiors. We have still a House of Lords, who have not entirely finished their poor-law enquiry, and who, it is to be hoped, will not suffer themselves to be hoodwinked or cajoled. I would recommend the commissioners to peruse Burns' beautiful lines, and to ponder upon them carefully."

"Oh! would some power the giftie gie us,
To see ourselves as others see us,
Frae what a load of airs 'twould free us,
And idle notions."

I have the honour to be, gentlemen, your very obedient servant,

G. W. O'BRIEN, M.D.
Surgeon to the County of Clare Infirmary.

KILMAGANNY DISPENSARY AND FEVER HOSPITAL.

The subscribers to this institution held an adjourned meeting on the 2d of December, for the purpose of expressing their opinion respecting the Report on Medical Charities, published by the Poor Law Commissioners. They have done so as follows :—

First, the report states "that the Kilmaganny Dispensary and Fever Hospital are in charge of one man,

who resides one mile distant from the village of Kilmaganny."

In answer to this we must state that the doctor's house is only about half that distance from that village.

Secondly, "that patients are obliged to go to that INCONVENIENT place for advice and medicine."

The doctor's residence having been originally fixed upon by the subscribers as the best place for the medical person, the district was formed to extend four miles (as nearly as possible) round his house; therefore, instead of that being an inconvenient place, it must be the most convenient to all parties, as it is the very centre of the district.

The report states "that the doctor receives fifteen pounds per annum for a back room in his house, to be used as a Dispensary shop, and is paid forty-five pounds ten shillings for supplying the Fever Hospital and Dispensary with medicine."

We must remark that this report is wholly unfounded, inasmuch as the doctor does not receive ONE FARTHING for the room in his house, and the sum paid to him for the supply of medicines is £35, instead of £45 10s.

The report states, "that in the Fever Hospital, though at a considerable distance from the doctor's residence, no medicines are kept, nor is there any place in which a few of those most likely to be useful in emergencies could be deposited."

We can safely mention that the above report is unfounded in fact, as a medicine chest is kept in the Hospital for the express purpose, and medicines in it whenever there are patients in the hospital.

The report states, "that the supply of medicines was scanty, and the arrangements for dispensing them wretched in the extreme."

On this we must state that, having examined the two attending clergymen of the district, and from our own experience, we are convinced that this is also incorrect, and that every thing has been done which was necessary, and which skill and attention could direct.

The report states, "that the Kilmaganny Fever Hospital District corresponds with the Knoctopher and Kilmaganny Dispensary;" but that is incorrect, as the Kilmaganny Fever Hospital district corresponds only with that of the Kilmaganny Dispensary.

The report further states, that with respect to the Fever Hospital, "that there is no supply of water, no store of blankets or sheets, or of any other necessary articles, nor any other culinary apparatus to dress the patients' food."

On this we can positively assert, that the above is an unfounded statement, as THERE is a supply of water, THERE is a store of blankets and sheets in the Hospital, and every other necessary article. Straw is had whenever required, and there IS AMPLE CULINARY APPARATUS to dress food for the patients.

The report states "That the Hospital is inefficient."

We cannot find that patients who were ill of fever were ever refused admission when fit objects for the Institution. Patients who were not precisely objects for the charity, have been (at the solicitation of their friends, and for the sake of the public health), admitted on payment of small sums. Those now admitted on payment, are persons above the poor class, or not residing in the district.

With respect to the report, "That no registry is kept;" we have examined the hospital book, and find contained in it an accurate account of all persons that have been admitted, and the several payments as made by them.

An unanimous vote of thanks was subsequently passed to Dr. Piele "for his unwearied exertions, and the exemplary success of his professional labours, during a period of thirteen years' attendance on the institution."

The document bears the signatures of the Marquis of Ormond, Mr. Reade, M.P., Mr. De Montmorency, D.L., the Protestant and Roman Catholic Clergy of the neighbourhood, and several Magistrates, Poor-Law Guardians, and others.

CORONER'S INQUEST—NEGLECT OF A MEDICAL ATTENDANT.

On Thursday evening, an inquest, adjourned from the previous Thursday, was resumed before Mr. Higgs, for the third time, at the York Minster, Dean-street, Soho, London, on the body of Mary Donovan, aged 43, whose death was alleged to have been caused through the ignorance and obstinacy of a midwife named Farrell, and the neglect of a surgeon named Wells, both belonging to the Charlotte-street Lying-in Institution.

Helen Seaward, of No. 2, Milk-alley, Dean-street, stated that she was a relation of the deceased, who was a married woman, residing in the same house.—About a month back the deceased obtained a letter from the Newman-street Lying-in Institution, which affords relief to poor pregnant women. On Thursday last she was taken ill, and about nine o'clock in the evening she became so bad that she deemed it necessary to call in Mrs. Farrell, one of the midwives named in the letter. On her arrival, knowing that deceased had bad times at the birth of the other children, she asked her if she thought there was any danger on the present occasion? She replied "Oh, no." The deceased appeared to get worse, and begged that the medical gentleman belonging to the institution might be sent for, as she was certain that she was in danger. The midwife said there was no occasion to send for him; he would only laugh at her were she to do so; and if he were sent for she would leave. About three o'clock the following morning the deceased became so ill, and was in such dreadful agony, that the husband, having ascertained where Mr. Wells, the surgeon to the Institution, resided, went and fetched him without the midwife's knowledge.—On his coming into the room the midwife said, "I am sorry you have come, as there was no occasion to disturb you." He replied, "I thought as much."—Having asked the midwife a few questions, and received his answers, he moved towards the door for the purpose of leaving. She (witness) seeing that he was going, said, "Pray, Mr. Wells, examine the woman, for I think the child is dead." He answered, "Well, what if it is dead?" and left the room, followed by the midwife. The deceased then appeared to suffer acutely, and on being told that Mr. Wells had gone, she said, "that if she had not medical assistance she would be a murdered woman." Hearing a disturbance down stairs, she went to see the cause, and found the landlord of the house trying to prevail on Mr. Wells to stop, but he would not. The deceased was then screaming with pain. About eight o'clock, fearing the deceased would die, she obtained an order for the parish surgeon, who came immediately, and in about ten minutes delivered the deceased of a dead male child. The deceased was then in a very exhausted state; she was sensible, but could hardly speak. Stimulants were given her, but she became gradually weaker, and died at 10 o'clock the same night. Mr. Wells was not in the room more than five minutes when the husband fetched him. He came again after the delivery, and appeared to treat the deceased kindly. The deceased was almost broken-hearted when she was told he had left the house without doing anything for her. The midwife examined deceased several times.

James Duffell, the landlord of the house, said that Mr. Wells did not stop in the deceased's room more than five minutes, and on his coming down stairs the husband went into the passage and asked how his wife was getting on? He replied, "As well as could be expected, and there was no occasion to send for him, and had he known as much, he should not have attended." The deceased was then screaming, hearing which he came out of his room, and told Mr. Wells that he thought the midwife was not doing her duty, and he ought to attend to the woman. He said "he should not stop." Witness then said that it was a most brutal act, under the circumstances, to leave the woman at such a crisis. Mr. Wells said again, "he should not stop, and if I had any more impertinence he would withdraw the midwife, and leave the woman to her fate," at the same time striking him on the breast and knocking him into the room.

Mr. H. D. Jones, of No. 23, Soho-square, surgeon, said that on going to the deceased's residence he found her in a very exhausted state, and on asking the midwife if the labour was natural, she replied in the affirmative. On examining the deceased he found it to be a preternatural presentation, and having turned the child he delivered her. It was dead, and had been so ten or twelve hours. The deceased was sensible, but in a dreadful state of exhaustion, arising from protracted labour. Mr. Wells soon after came in, and he left the case in his hands, but at his request he saw the deceased the same evening shortly before she died. The midwife appeared sober.

The coroner having read the whole of the evidence taken on the previous meeting of the jury,

Mr. Wells said it was very correct that he put faith in what the midwife told him, that there was no necessity for him to attend, as there was no danger.—He had since very much regretted that he had not examined the deceased, as the nurse wished. With respect to saying he would take away the midwife, he did not know that he had that power; and he did not knock the landlord down, but merely pushed him away.

The jury, after some deliberation, returned the following verdict:—"We find that the deceased, Mary Donovan, died from exhaustion brought on from protracted labour. We are of opinion that Mary Farrell, of No. 5, Middle-row, St. Giles's, evinced gross ignorance of her profession, in her attendance of the deceased. We are of opinion that Mr. J. B. Wells, of the Charlotte-street Lying-in Institution, has been guilty of gross neglect in not attending to the deceased on his first visit; such neglect, in our opinion, tending greatly to increase her sufferings and accelerate her death."

TO CORRESPONDENTS.

"Delta's" communication has been received, but being anonymous, is useless. If "Delta" will communicate with us personally, he will oblige us, and may do so without any risk of a breach of confidence upon our part.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 22, 1841.

MEDICAL LEGISLATION AND THE MEDICAL ASSOCIATION.

In about six or seven weeks Parliament meets, and it is we hope scarcely necessary to say, that the members of the medical profession should be prepared to claim redress of the numerous grievances to which they are subjected; and what is of still greater importance, to resist any attempt to subject them to additional grievances, either through the odious poor-law officials, or any other unscrupulous body The suggestion of the council of the medical association to its members, to meet early in the session, should be attended to by the members of that body; and those who are not members, should consider well the course they should pursue to concentrate their force, so as to render it efficient for the purpose contemplated. Little can be effected by the desultory unsteady exertions of single individuals, and that little may be more mischievous than beneficial from want of the information, which can only be acquired by concert and communication with others. We therefore strongly recommend those, who are interested in the continuance of the present medical charities, and who live by the practice of their profession, to take some step to secure for themselves a representative body, which shall take charge of the management of their affairs, and perform for them the services absolutely necessary for their preservation. Why so many men threatened with destruction, and utterly destitute of the means of averting it, still refrain from joining the Medical Association, we are at a loss to say. If they formed another association more to their tastes and views, we should not wonder, but why they sullenly hold back from all communication or concert with their brethren, regardless of individual or general interests we cannot tell. Surely the childish jealousy which at first led to hostility toward the existing association, and in which hostility so many gentlemen in the provinces, so unreasonably and foolishly took part, is now at an end, and any man may without fear of offending or disobliging any one, join that body. We cannot for a moment believe, that the paltry consideration of so small a sum as ten shillings annually, could influence any number of men, although we know that there are unfortunate individuals so engrossed by the love of money, that this alone is sufficient to make them hang back. Let not gentlemen be looking to Dublin or other large towns or cities. In such places the spirit of competition is so intense, and the rancour of rivalry so bitter, that cordial co-operation between any large number is not to be expected. Every man thinks that if he puts a hand to the wheel, he is only helping to lift an opponent out of the mire, or to drag a competitor from obscurity. We fear very much that there is also a great deal of this even among men who do not so frequently come into contact with each other; but surely the danger apprehended, is so inconsiderable in their cases, that they can easily afford to despise it. There is also a great deal of nonsensical conceit and false estimate of real rank, position, and importance. Mr. Such-a-one will not join an association which admits such a fellow as Mr. Somebody else; although Mr. Somebody else may be the best man of the two after all. Surely it is high time to have an end to such nonsense among men intent on business. These are no times for such trifling. It is difficult enough to attain desirable objects by manly exertion and common sense; but impossible to do so if puerile motives and silly notions sway people. The winding up of our argument is this. Let every man who expects to exercise any influence in the body politic as regards his own affairs, unite with other men similarly circumstanced, to effect his object, and if he does not like to join the present medical association of Ireland, let him exert himself to secure the organization of another more to his taste; but organization, concert, and exertion there must be, or every man in our profession, will sooner or later, in some shape or another, be a sufferer.

Those who are content with things as they are, and who expect nothing from change, will ask the friends of improvement, and the advocates of a change from the present vicious arrangements, what it is they want, or what it is they expect. They should be prepared with an answer. There is the protection of the Medical Charities, the securing proper medical assistance

to the poor people immured in the poorhouses, the removal of that *opprobrium medicorum*, the infamous coroner's inquest system, the payment of medical men for legal services, the carrying into effect the vaccination act, defeated by the mischievous and wicked folly of the Poor Law Commissioners, and though last, not least, the reorganization of the medical institutions, so as to prevent them from swamping our profession with mean and uneducated persons. On these topics we cannot at this moment dwell, but we will return to them immediately, one after the other. To those interested more particularly in the preservation of the Medical Charities, we recommend the most deliberate and careful consideration of the subject, and a strong recommendation not to be too anxious for change, because matters are not as prosperous as they could wish. Let them above all things, never forget that in calling for compulsory assessments, they of necessity, call for Poor Law Government, and so, to use a vulgar saying, "get out of the frying-pan, into the fire." As soon as the poorhouses are properly organized, and placed under the controul of humane persons who can feel for the poor people, efficient medical aid must be provided for them, which we all know cannot be had for forty pounds a year, the medical officers of these charities must, therefore, be considering how they can best discharge the duties which must be required of them, when they are properly paid. Information is immediately wanted as to the imperfections, frauds, villainies, perjuries, and screenings of crime of the coroner's inquest system, and more particularly of the *medical patronage*, exercised by coroners, and its consequent "*going of snacks*" with medical witnesses; and all the abominable practices with which it mixes up medical men. The payment of medical men for legal services, must be insisted upon, if not as an act of justice to them, as one of absolute necessity to the community. The law now in many cases cannot take its course without medical evidence and explanation, and for that, the country must pay as it pays for every assistance of the kind. Vaccination must be promoted, humanity as well as the character of our profession demands it. The odious, inhuman poor-law principle, or theory has been applied to this object, and the result is before us. The law must be changed. The improvement of the medical institutions, or "*medical reform*," must be urged with sincerity, energy, and effect. To those who will not move in this matter for the general good, we repeat what we have so often said, that it concerns every medical man in the community, to put an end to the doctor-manufacturing of the schools and colleges, we mean the manufacturing of medical practitioners out of school boys, and runaway prentices. The evil is coming to every man's door. We shall soon have what's called a medical school in every village, and may be a college in every large town, to the great comfort of every poor farmer, grocer, huxter, painter, shoemaker, or smith, who cannot make an idle son work at his proper trade. As the ladies used to say, when they had a seventh son, I am afraid I must make a physician of him, so will the poor tradesman say presently, this fellow will do no good, I must send him down to attend Doctor Know-nothing's lectures, and have him made a doctor.

WORKING OF THE VACCINATION EXTENSION ACT IN THE HANDS OF THE POOR-LAW COMMISSIONERS.

We refer to the report of proceedings in the Athy union, which we publish, this day, for an exemplification of the manner in which the Poor Law Commissioners "carry out a law." We hope the example may prove instructive. In an entire union, one successor of Shakspeare's apothecary is found (from poverty, no doubt; not from will), to express a consent to be a shilling vaccinator. Another *medical gentleman* is represented by a *Mr. Brown*, we hope without authority, as ready to disgrace himself in a similar manner; but so fully are the circumstances of the case appreciated by the guardians, that neither of the *medical gentlemen* are confirmed in their honourable offices, until they shall have attended and produced *sureties* for the due discharge of their shilling responsibility. Between these two *medical gentlemen* three districts are shared; but five still remain unprovided for, and in order to "carry out the law"—we like the phrase—Mr. Assistant-Commissioner Muggeridge comes forward to intimate that he will not be very particular as to how the law may be carried out. "The rules and regulations," says Mr. Muggeridge, "require four entries; but the *medical gentleman*, if he has a conscience sufficiently elastic, need not make more than one. He may even realize £50 a-year, if he chooses only to insert in his register that he has vaccinated 1000 cases. It is by no means necessary that 1000 children should be born in the district: all that is required is for the *medical gentleman* to certify that 1000 have been successfully vaccinated."

Now there are 130 unions in Ireland, and assuming that they all contain at least eight vaccination districts (the number in the Athy union), and that the vaccinator of each could earn £50—*i.e.*, vaccinate 1000 children—it must follow that 1,040,000 children must be born in Ireland in each year. It so happened, however, that in England and Wales, containing nearly twice the population of Ireland, the number of births registered in the year ending June 30, 1839, amounted but to 480,540. Mr. Muggeridge, of course, being a Poor Law Commissioner, cares not for these things: all he wants is to "carry out the law," and to keep his place; and in his anxiety to attain these desirable objects, he has also forgotten the experience of his colleague, Mr. O'Donohue, which we shall now, for his use, quote from the PRESS, Vol. VI., p. 63:

"Even within the last week, he (Mr. O'Donohue) had an opportunity of seeing large bills, some amounting to, and others exceeding £30, the result of those low scales which, for the time, he could only account for by supposing that the *characterless* parties employed under them vaccinated all those who came in their way."

Go on, Mr. Muggeridge! carry out the law and keep your place, if you can.

MEDICAL ASSOCIATION OF IRELAND.

THURSDAY, DEC. 16.—Council met.

The Treasurer acknowledged the receipt of 10s. renewal subscription from Dr. M'Kittrick, Hollywood.

Read letters from several members approving of the general meeting being held in March. Resolved—That the precise day be not yet determined upon; but that it shall be so fixed as not to interfere with the assizes in the several counties.

PROMOTIONS.

CIVIL.—Dr. Dawson has been appointed medical attendant to the Dungannon workhouse.

In a late number of the PRESS, we announced the appointment of Dr. Cane, as medical attendant to the Kilkenny poorhouse. We have since learned that two medical attendants were appointed to that institution, and that Dr. Lalor of Kilkenny has been appointed conjointly with Dr. Cane.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE President and Court of Censors will Elect a PROFESSOR of BOTANY, on SATURDAY, the 15th of January next.

Candidates should transmit their Testimonials to the Secretary on or before Tuesday, the 4th of January.

By order,

C. O'KEEFFE, Registrar.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The President and Court of Censors will Elect a PROFESSOR of MIDWIFERY and DISEASES of WOMEN and CHILDREN, on SATURDAY, the 15th of January next.

Candidates should transmit their Testimonials to the Secretary, on or before Tuesday, the 4th of January.

By order,

C. O'KEEFE, Registrar.

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A Medical Gentleman, not far distant from Dublin, engaged in a respectable public and private practice, wishes for the assistance of a Licentiate of the Royal College of Surgeons in Ireland, having the qualification of an Accoucheur.

Particulars may be known upon reference to C. F., at the Office of the MEDICAL PRESS.

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PART I.

(Part II. completing the Work, will shortly be Published.)

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THE GARDENERS' CHRONICLE;

A Weekly Record of Rural Economy and General News.

The Horticultural part Edited by Professor Lindley.

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Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

Wednesday, December 22, 1841.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX.

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SURGICAL SOCIETY OF IRELAND.

SATURDAY, Nov. 27, 1841.

Professor BENSON in the Chair.

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STRANGULATED INGUINAL HERNIA.

Professor WILLIAMS said that he wished to exhibit to the Society a pathological specimen which he conceived involved a question of considerable interest. The preparation now exhibited was taken from a patient, who had recently died in the city of Dublin Hospital, 76 hours after having been operated on for strangulated inguinal hernia. The individual in question, about 60 years of age, had laboured under inguinal hernia of the right side for a period of six or seven years. He gave an unsatisfactory account of the antecedents of the case, but distinctly stated, that for the last four or five years he had worn a truss, which, however, retained the hernia very imperfectly, and that, he frequently experienced much inconvenience from the hernia descending under, and being compressed by the pad of the truss. On admission to the hospital he laboured under mild symptoms of strangulated hernia, presenting very little indeed of urgency. Being a person of very limited intelligence, it could only be collected in addition to what has been already stated, that he had been five or six days without having had a fœcal evacuation, during which time the hernia, previously reducible, could not be returned; he had kept his bed three or four days, and had vomited four or five times at long intervals. The hernial tumour was about half the size of the shut hand, it was by no means tense, and when handled, the patient complained of uneasiness rather than of pain, and that to but a slight degree; here was very little abdominal tenderness on pressure, and the patient was able to lie on his back with the lower extremities stretched out at full length. The pulse were about 90, and rather small—tongue furred, moist—there was a good deal of thirst—and drink, which was only allowed to be taken in small quantities at a time—did not excite vomiting. The hernia could not be reduced, though on attempting to do so, a considerable quantity of flatus was obviously expelled from the protruded bowel, and the tumour became more flaccid, and apparently slightly diminished in bulk, circumstances which, coupled with the (almost) absence of pain on pressure, caused the taxis to be persevered in longer than would otherwise have been done. Under these circumstances, small doses of sulphate of magnesia were administered by the mouth, and an enema directed to be thrown up every fourth hour. Two or three small fœcal evacuations occurred during the night, and in the morning matters were little altered, except that the patient stated, that he found himself on the whole, more comfortable. Shortly after the visit, however, he began to vomit whenever he drank, and the tumour became painful, tense, and decidedly tender on pressure. Dr. O'Beirne's tube was now passed up the rectum, but as it failed to give relief, and the symptoms were rapidly growing worse, the operation for strangulated hernia was performed by Mr. Williams, in the evening.

On opening the hernial sac which contained no fluid, and which was not adherent to the bowel at any part, the finger could be passed all round the neck of the sac, and through the inguinal canal fairly into the abdomen. The inguinal canal was very short, and its obliquity had quite disappeared, as often occurs in old herniæ, according to a mechanism too well known to need description. There was, in fact, no stricture to free, no pressure or constriction was exerted by the

rings, the inguinal canal, on the sac, or any portion of the intestine. Even now, however, the protruded bowel could not be returned until pressure was exerted on it, for perhaps a couple of minutes; the obstacle to its return consisting in the condition of the intestine itself, its surface being covered with a thick layer of coagulable lymph, which rendered it rigid and unyielding, it was deemed essential, however, to return the bowel, as it gave the sensation to the touch, (which subsequently proved erroneous) of containing some indurated mass, supposed to be fœces, in its cavity—shortly after the operation, the bowels were freely moved. The symptoms of peritoneal inflammation, however, continued despite the treatment, which chiefly consisted in the internal and external exhibition of mercury, and the patient died seventy-six hours after the performance of the operation.

On dissection, the coats of the portion of the intestine which had been protruded (the ileum about 12 inches from its termination) were found to be enormously thickened—in some parts fully to the extent of a quarter of an inch. The proper tissues of the bowel were not hypertrophied; the thickening depended on the effusion of coagulable lymph, partly situated on the serous surface of the intestine, partly in the subserous cellular tissue. In consequence of this condition of things, the calibre of the intestine was diminished to less than a fourth of its natural capacity; and it was the deceptive sensation thereby communicated to the touch which had led to the belief that indurated fœces were impacted in the bowels.—The serous coat of the intestine was inflamed, and covered at points with gelatinous lymph; but, as manifestly appeared from the inspection of the preparation, the intensity of the inflammation diminished as the distance increased from the portion of intestine that had constituted the hernia. The inflammation had evidently commenced at that point, the morbid alterations being there at their maximum, and had thence extended, becoming less intense as it spread. The parietal layer of the peritoneum was not inflamed. A portion of the abdominal parietes and scrotum, comprising the entire of the sac and of the inguinal canal, had been removed and were exhibited, whence it clearly appeared that no stricture or compression could have been exerted on the intestine by any of these structures.

Professor Williams said that it might be collected from what he had stated, that he considered the operation had been in this case, to say the least useless. He, nevertheless, gave the case publicity. This had clearly been a case of *inflamed* hernia, and not a case of *strangulated* hernia. But how was this difference to be diagnosed during life? He confessed he did not know. The diagnosis of this distinction, a most important one, had yet to be established. In this case the point of departure of the inflammation was, beyond all dispute, the protruded portion of the intestine; the preparation placed that beyond doubt, and yet, till within a few hours of the operation, that portion of the intestine was, he might fairly say, almost indolent. The case, so far as a single case could do, bore out the opinions recently expressed by M. Malgaigne. (Professor Williams discussed M. Malgaigne's opinions at considerable length, but as M. Malgaigne's paper is published in the Press, No. CXLV., we suppress this portion of his observations.) Professor Williams concluded by begging the Society to discuss the distinction between inflammation and strangulation, which he considered a most important question of differential diagnosis, the solution of which would probably very seriously modify some very generally received doctrines. This could, perhaps, be only accomplished by gentlemen publishing their unsuccessful as well as their successful cases, and candidly acknowledging any errors of diagnosis they commit—errors the result o the imperfect state of seience as regards this point.

After some discussion, during which nothing very important was elicited, the Society adjourned.

ACADEMY OF MEDICINE, PARIS.

September 7.

M. Berard read a report on a case communicated by M. Maslhieurat-Lagemard, in which a foreign body had remained nine months in the air passages, without producing any serious symptoms, and was finally expelled spontaneously.

M. Berard observed that examples of foreign bodies lying for a long time in the air passages were not extremely rare. Louis has collected a number of such cases in his interesting memoir on bronchotomy; and several similar facts have been since observed.—The consequences produced by the foreign body when so retained, are far from identical in all cases, and it is seldom that matters eventuate so favourably as in M. Maslhieurat's case.

A woman aged fifty-eight, of vigorous constitution, consulted M. Maslhieurat, on account of a cough which had existed for four months. The affection commenced with violent fits of coughing, accompanied with sense of suffocation. At the period when she consulted a physician, the cough recurred every eight or ten days, lasted for one or two minutes, and was unaccompanied with fever or expectoration. The patient could assign no cause for the attack, nor was anything learned by auscultating the thorax. The symptoms continued without aggravation, or mitigation, and finally, the patient expectorated along with some mucus, a rough, yellowish calculus, about the size of a filbert nut. On sawing the calculus, it was found to consist of calcareous matter, encrusted on a cherry stone. The patient then recollected that the first attack of cough occured when she was eating cherries, but if she experienced any sensation of suffocation at the time, it was so slight as to have quite escaped her memory. She remained perfectly well after expulsion of the calculus. The author mentions the similar case extracted by Louis, from the Ephemerides Naturæ Curiosæ, in which a cherry stone remained in the air passages during one year, and was then expelled by coughing, encrusted with tartar.

M. Maslhieurat on account of the absence of convulsive cough at the moment of the introduction of the cherry stone, supposes that it did not descend into the trachea, but was arrested in the ventricle of the larynx; an opinion which will not seem very probable when we recollect what violent coughing is brought on when the smallest drop of liquid enters the glottis. M. Berard was inclined to suppose that the patient's recollection was inaccurate, and that a cough more or less violent, must have occurred at the moment of the accident.

M. Lagneau mentioned the case of a soldier into whose air passages a plum stone passed; it caused neither cough or sense of suffocation, but merely a slight embarrassment of breathing. The plum stone was not expelled till after the lapse of several hours.

M. Berard read a second report on a case of tracheotomy, performed with success by Maslhieurat-Legrand, on a child twenty-three months old, labouring under croup.

M. Berard said that the question of tracheotomy in croup was not settled with sufficient clearness and precision, and that consequently every fact connected with the subject possessed peculiar interest.

A child aged twenty-three months, large, well formed, and previously healthy, was attacked with croup. M. Maslhieurat was consulted on the fourth day of the illness, up to which time no treatment had

been adopted. The infant was then in an advanced stage of asphyxia, the countenance was altered, and presented blueish spots here and there; the lips were livid, the the pulse intermittent, slow, and scarcely perceptible; respiration had almost entirely ceased. At long intervals there were fits of characteristic, croupy cough, followed by laborious, hissing respiratory efforts. The tonsils were covered with false membranes.

M. Maslhieurat immediately performed bronchotomy; during the operation he tied two small arteries and some veins which bled profusely. The cricoid cartilage, and three rings of the trachea were divided with a probe-pointed bistoury introduced through a wound previously made in the thyroid membrane. The air immediately entered the lungs forcibly, and life seemed to return. The operator not being provided with a canula, drew aside each lip of the division of the cricoid cartilage with a bent pin; a string attached to the head of each pin, and tied behind the neck kept the wound open.

Some traces of false membrane were seen on the mucous membrane of the trachea. Dilute muriatic acid was applied to the faucee and larynx, four times in the day. The pins were removed in the evening, the traction which they exerted on the borders of the trachea causing the wound to remain sufficiently open.

The infant amended rapidly. The wound was healed on the twenty-first day, at which period respiration was free and the voice natural.

M. Maslhieurat performed this operation in a second and still more unfavourable case. Death seemed so imminent, that scarcely a drop of blood flowed from the incision, and the infant did not present the least sign of life when the trchea was opened. The operator compressed the lower part of the thorax alternately, while the lips of the wound were held open; this manaeuvre was continued during twenty minutes, and all hope was failing, when it was found that slight pulsation of the heart was perceptible. The efforts were then redoubled, and a first inspiration followed by others more frequent and profound, shewed that life was not extinct. The lips of the wound were now kept open in the same way as in the former case. In half an hour respiration was re-established, and the infant expelled during a violent access of coughing, a false membrane tubular and bifurcated at one extremity, which M. Maslhieurat has presented to the Academy. Other false membranes were expelled during the night. The state of the patient seemed satisfactory, when unfortunately, while he was being moved, the apparatus was displaced and death from suffocation occurred on the instant.

1. From these and many similar cases M. Maslhieurat concludes that bronchotomy is a valuable resource in certain cases of croup; especially when the false membranes have not yet extended into the bronchial tubes. This opinion we consider to be correct. We by no means maintain that patients, when operated on under these favourable circumstances, are always sound, for despite the operation the malady may continue to descend, as too often occurs, to the minutest bronchial ramification. The presence of these false membranes is not, however, invariably fatal, as there are cases where tubular false membranes, presenting several bifurcations have been expelled through the wound in the trachea, and the patient has recovered. We cannot, then, found the indication of the operation on this circumstance, the more especially as the symptoms do not always allow us to form an opinion as to how far the false membranes have extended.

What motives, then, should induce the surgeon to operate in a case of croup? Before answering this question, we must remark that this disease may cause death in two ways:—First, by causing a gradually augmenting narrowing of the glottis, whence results asphyxia, as a consequence of the mechanical obstacle to the introduction of air; secondly, by the extension of the disease to the bronchiæ and lungs. Obviously the first of these causes of death is at once obviated by tracheotomy, an operation which, consequently, is indicated whenever the patient is menaced with asphyxia. The second of these lesions, however, cannot be relieved by the operation.

But if the operation is powerless in relieving this evil, is it capable of obviating it? Can tracheotomy practised at an early period of the disease, by allowing the introduction of medicamentary applications into the interior of the trachea, arrest the progress of the disease, and prevent its descent to the bronchial tubes? M. Bretonneau first had the boldness to entertain an idea of this kind, and introduced a solution of nitrate of silver into the air passages. We must say, however, that it is more than doubtful that such a practice could prove advantageous, and consequently consider that the operation of tracheotomy should be exclusively reserved for those cases in which asphyxia is imminent, in consequence of diminution in the capacity of the glottis.

2. The second case, communicated by Maslhieurat, shows that bronchotomy may be attempted even when life seems to be almost extinct. When the operation was completed, the infant seemed dead, and was resuscitated, after keeping up artificial respiration during upwards of twenty minutes. A still more extraordinary fact has been recorded by M. Trousseau, in the *Journal des Connaissances Medico-Chirurgicales* (Oct., 1840):—The patient apparently had breathed his last a few moments previous to the commencement of the operation. Tracheotomy, however, was performed apparently, as it were, on the dead subject, and artificial respiration was kept up by means of alternate compressions of the thorax. After the lapse of a quarter of an hour, the heart was felt to pulsate, and at the expiration of 57 minutes the features moved, and a deep inspiration was made. Respiration was gradually re-established, and the patient was restored to life.

3. M. Maslhieurat, in his first operation, carefully tied some small arteries and veins, which yielded blood profusely, apprehending, he says, the entrance of blood into the trachea. In so doing he conformed to the precepts laid down by almost every author who has written on the subject, it being a nearly general precept to open the trachea when the wound is bloodless. Daily experience tends, however, to show that this precept is unnecessary, and, furthermore, impossible to be observed. The entrance of blood into the trachea is a circumstance which need not be feared. Any one that has witnessed the performance of tracheotomy must have been struck with the violence with which every substance contained in the trachea and bronchia are expelled through the wound at each expiration, and with what facility the air, on the contrary, enters the lungs, when the lips of the wound are kept asunder. Excepting, therefore, the case where an artery capable of furnishing an abundant hæmorrhage, is wounded (and no artery sufficiently large to do so exists in front of the trachea), why should the operator stop to tie an artery, and more especially a vein? particularly when we know that the surest mode of arresting venous hœmorrhage is to open the trachea largely, so as to render respiration free. Within these few months I have performed tracheotomy six times—on four children, and on two adults. In each case the proceeding was prompt and easy. A few incisions laid the trachea bare, and without tying any vessel, without waiting for the cessation of hæmorrhage, the trachea was punctured at

the inferior angle of the wound with a sharp-pointed bistoury, and the rings of the trachea and the cricoid cartilage immediately divided, by directing the same instrument upwards. We preferred incising the trachea with the same instrument with which it was punctured, as we regard the danger of wounding the posterior wall of the trachea as merely imaginary; and there is often the greatest difficulty in introducing a blunt-pointed bistoury into the small puncture made in the trachea by the sharp-pointed instrument.

4. M. Maslhieurat having been compelled by necessity to keep the lips of the wound open by means of two bent pins, raises the question whether an instrument consisting of two hooks, kept on the stretch by means of a spring, would not be preferrable to a canula, and has presented to the Academy an instrument constructed on this principle. The suggested advantages of the instrument are—1st. That it is less likely to become obstructed than the canula; the accumulation of mucus being so rapid that the canula has often to be changed several times daily. 2dly. The wound being kept open by means of a simple hoop, which occupies much less space than the canula, a large quantity of air (the extent of the wound being equal) is admitted. 3dly. The proposed instrument can in no way impede the progress of the air into the larynx, while the canula allows little or no air to find access to that organ, a circumstance which, according to M. Maslhieurat, impedes the restoration of the mucous membrane of the larynx to its natural condition, and favours the persistence of aphonia, which is sometimes so obstinate. 4thly. There is, perhaps, semewhat less risk of pneumonia from employing the proposed instrument, which scarcely comes in contact with the mucous membrane of the trachea.

The three first of these alleged advantages seem of little importance. If the canula becomes obstructed, it is easily cleaned and replaced. If the calibre of the canula is proportional to the aperture of the glottis, respiration is perfectly free; and if an opening be made on its convexity, the air finds free access to the larynx. As to the greater irritation caused by the greater bulk and length of the canula—there is unquestionably a danger to be more apprehended in theory from the canula than from the proposed instrument; but daily experience shows the harmlessness of the former instrument.

M. Blandin did not quite agree in the observations respecting the new instrument proposed by Maslhieurat. He considered it as an excellent resource when a canula was not at hand. He also considered that M. Berard inculcated a rather dangerous practice in maintaining that it was not necessary to tie the vessels, as in some even a fatal hæmorrhage had occurred. He quite agreed with M. Berard as to the celerity with which the incisions should be practised; but too much importance should not be attached to this point; in some cases, where the operation had been performed with the greatest rapidity, the patients had yet died of hæmorrhage.

M. Berard said he had only objected to substituting M. Maslhieurat's instrument for the canula. That he was well aware of the danger of hæmorrhage, and that undoubtedly whenever a vessel bled freely, it should be secured before the trachea was opened: such cases, were, however, rare; he only objected to the practice of tying or twisting every vessel according as it was divided: to the precept, in fact, of not opening the trachea till the wound was dry.

M. Blandin replied that any vessel might cause a dangerous hemorrhage, and notwithstanding what M. Berard alleged it was better to arrest the flow of blood previous to opening the trachea. He considered the instrument proposed by M. Maslhieurat as a decided improvement. It was well known that canulæ were not always well made; that their introduction was sometimes difficult, and that their employment required conditions not always easily fulfilled.

M. Amussat presented a fibrous tumour developed in the anterior wall of the uterus, and which he had successfully extracted from a female aged about fifty-three years.

The tumour was situated in the anterior wall of the uterus, and was completely surrounded by the tissue of the organ, it occasioned repeated hemorrhages, which had reduced the patient to a state of great debility.

The anterior lip of the neck of the uterus was very bulky, while the posterior lip was thin and crescentic. Between the two lips there was a narrow slit, which admitted of the introduction of a probe into the cavity of the uterus. The operation was performed the 29th September, 1841, in the following manner:—

A crucial incision was made in the anterior lip of the neck of the uterus (corresponding to the wall of the organ in which the tumor existed,) Mureux hook was then introduced into the exposed part of the tumor—the tumor was now rotated from above downwards by implanting the hook on different parts of the tumor from below upwards, according as the various parts of the tumor were brought into view by the motion thus impressed on it. The tumor was thus detached from its envelope, and extracted without exerting any traction capable of displacing the uterus.

Symptoms of phlebitis followed, which were soon subdued, and the patient is now (two months after the operation) completely recovered.

M. Amussat also exhibited another fibrous tumor, which he last year extracted from the womb of a female aged forty-seven, and who enjoys perfect health. The particulars of this operation were published in the *Revue Medicale*, August 1840.—*Gazette des Hopitaux.*

November 30.

ON THE EFFECTS OF THE INGESTION OF COLD LIQUIDS, WHILE THE SURFACE IS PERSPIRING. BY M. GUERARD.

M. Guerard considered this subject as important, because of the frequency with which accidents arose from the incautious swallowing of cold drink during perspiration; and the suspicions of poison having been administered, that thence often originated. The nervous system, the digestive organs, and the respiratory organs may all suffer from this cause, and thence the subject naturally admits of three great divisions.

1. *Functional Disturbance of the Nervous System.*—Sudden death sometimes results from an imprudence of the kind now under consideration. Amatus Lusitanus relates that a Roman knight having drank copiously of spring water while overheated after racket playing, fell suddenly dead. The same fatal result occurred, as related by Fabricius Hildanus in his third century, in the case of a servant who, after a long race, drank a glass of wine. Other similar cases are on record. Ramazzini, with a view of obviating such a result recommends that the fluid should be retained some time in the mouth, so that it may become somewhat heated; and to drink frequently, and but a small quantity at a time. It must be unquestionably from observing these precepts, that accidents occur so seldom at our entertainments, notwithstanding the great and often immoderate consumption thereat of iced beverages.

There is no recorded dissection which justifies the assumption that death arises in these cases from lesion of the nervous system, but the suddenness with which

death occurs, demonstrates that it must arise from this cause. M. Guerard stated, that he was acquainted with two ladies, who suffered from severe headache whenever they made use of ice. Another lady of his acquaintance, was attacked after having eaten ice, with excessively acute pain in the arm, which persisted during three months, despite the most energetic and varied treatment. She subsequently, however, was enabled to eat ice without sustaining any inconvenience. Haller states, that while traversing the Alps, he was attacket after having drank cold water, with a peculiar stupor and depression, well known to the inhabitants of those mountains.

2. *Digestive Organs.*—The most common result is spasmodic vomiting, sometimes accompanied with diarrhœa, and colic; symptoms which have often caused the attack to be mistaken for cholera; and occasionally have led to the suspicion of poisoning. In 1825, cases of this kind were so frequent, that a notion prevailed that the refreshments in the restaurants and coffee houses were poisoned. Vauquelin was consequently employed to analyse the ices of the Café de la Rotonde, the establishment in which these accidents had occurred most frequently, but no poisonous ingredient could be detected. The true cause of the mischief was discovered, when it was observed, that during this very hot season there was an exact and constant relation between the number of the accidents, and the number of days on which the temperature was extraordinarily high. It was also observed, that horses were attacked with abdominal pain on drinking cold water after fatiguing labour.

Sometimes the symptoms are those of dysentary; sometimes they assume the shape of a bilious attack. Anites has been sometimes the result, and the question arises, is it the consequence of peritonitis? Or is it merely the result of a metastas is of the suppressed cutaneous exhalation?

Respiratory Organs.—According to most authors there are few diseases of the thoracic viscera, which may not be produced by the cause under consideration. The recent improvements in the diagnosis of this class of diseases, however, must limit our confidence in the statements of the older authors on this head. Some of the facts recorded, however, cannot be disputed by the most sceptical mind.

The ingestion of cold liquids during the existence of perspiration can then, it seems, produce numerous and many dissimilar accidents; and four conditions seem chiefly to cause the production of these accidents, and to augment their intensity. These four conditions are:—1. The temperature of the surface. 2. The condition of the stomach as to repletion or the reverse. 3. The quantity of the liquid ingested. 4. The temperature of the liquid so ingested.

The indication of these circumstances obviously suggests the precautions which should be adopted to obviate or diminish the bad effects of the peculiar influence, now under consideration.—*Gazette Medicale.*

EXTRACTS FROM PERIODICALS.

DUPLICITY OF THE VAGINA AND NECK OF THE UTERUS, AND PROBABLY OF THE UTERUS ITSELF ALSO. BY DR. FRICKE.

C. B., aged 21, of strong constitution. The catamenia appeared at the age of 14; at 18 she first had sexual intercourse, in which she has since frequently indulged.

Two years since she contracted syphilis, and on the 17th September, 1840, was admitted to the Venereal Hospital, for another attack of the same disease. On examination it was found that the vagina and neck of the uterus were double, a fact of which she had no suspicion. The greater labiæ were natural, but greatly developed; between them projected the left nympha, which was very large, and concealed the right nympha. On separating the smaller labia, a pale red septum was seen extending from before backwards, at the entrance of the vagina, from the posterior wall of the urethra to the posterior wall of the vagina. The inferior border of this septum was free and convex; anteriorly it bifurcates slightly, so as to embrace the urinary meatus, near which it is from an inch to an inch and a quarter in breadth. In the centre the septum is thinner, being not more than half an inch in breadth; posteriorly it again expands, presents a convexity to the left side, and is inserted to the right of the median line of the posterior wall of the vagina; and above its inferior border, just described, it is two lines in thickness. The vagina is thus divided into two canals: that on the right side is of the ordinary size, and served, as the patient states, for sexual intercourse; at its upper extremity is situated the neck of an uterus, whose orifice is one-third smaller than natural. The external opening of the left vagina is situated a little more posteriorly; and this canal, larger than the right one, readily allows the introduction of a finger, or even of a small speculum; by means of which instrument the presence of the neck of an uterus was clearly made out; it was still smaller than that on the other side. A probe passed into the right uterus penetrated to the depth of three quarters of an inch, while one passed into the left uterus to the extent of an inch and a quarter or an inch and a half. The extremities of the two probes being passed simultaneously, with the view of ascertaining whether the uterus was single or double, could not be brought into contact. The finger passed into one of the vaginas could not be made to penetrate between the two uterine necks beyond half an inch.—*Zeitschrift für die gesammte Medicin von Fricke und Oppenheim—Gazette Medicale.*

LIGATURE OF THE EXTERNAL CAROTID ARTERY PREPARATORY TO THE EXTIRPATION OF A FUNGOUS TUMOR OF THE THROAT. BY PROFESSOR WURTZ.

M. Behr aged forty-one, has been frequently affected with angina tonsillaris, but otherwise enjoyed good health. For about two and a half months, he has observed a considerable augmentation in size of the tonsil, which has diminished the cavity of the mouth and pharynx to such an extent, that he is threatened with suffocation during the night, and is scarcely able to swallow solid aliment. He was admitted to hospital Feb. 10th, 1841. There then existed between the left pillars of the palate, a rounded tumor which projected behind the base of the tongue, so as to fill the entire pharynx. This tumor was elastic and of a blueish red colour; on its right side a small portion of the uvula was just perceptible. There was not the slightest interval between the velum and right pillars, and consequently the patient breathed exclusively through the nose, and could scarcely succeed by the most extraordinary exertion in swallowing a small quantity of fluid. He experienced lancinating pains in the tumor for the last three weeks. The left submaxillary gland was obviously augmented in volume, but did not present the characters of schirrbus. Under the superior attachment of the sterno-mastoid muscle, close to the mastoid process, there existed a rounded tumor the size of an almond, which could not be fully examined, so tense was the muscle. A lipoma occupied the nucha, which it was stated had existed there without increasing in size since infancy.

An operation was urgently called to obviate the occurrence of suffocation. With the view of guarding against hemorrhage during the exterpation of the tumor, from the division of the branches of the external

carotid, especially the ascending palatine artery, it was determined to previously secure the external carotid, which was deemed preferable to tying the common carotid, though the latter artery is more easy of access.

Feb. 24.—An incision two inches long was made parallel to and a little anterior to the external jugular vein. The skin, platysma, and superficial layer of the superficial fascia, were successively divided; the posterior lip of the wound, and the external jugular vein, were drawn backward with a blunt hook. The anterior facial vein was seen at the inferior angle of the wound; the posterior belly of the digastric muscle was exposed at its superior angle; the cellular tissue was separated with the handle of the scalpel; a lymphatic gland as large as a nut covered the two carotid arteries; on pushing it aside, three large vessels came into sight—the external and internal carotid arteries and the internal jugular vein. Fortunately, the external carotid artery gave off no branches for a space of four lines above the superior thyroid artery. A ligature was easily passed round the external carotid artery. Scarcely any blood was lost.

The jaws were now kept asunder by pieces of cork interposed between the teeth; the tongue was drawn forward by means of a ligature passed through its substance. The operator fixed the tumor by passing another ligature through it, and then detached the tumor with a slightly convex blunt-pointed bistoury, carried from right to left—first along the velum, then along the upper border of the tumor, and, finally, between the tumor and the left pillars of the palate. There was but a slight effusion of venous blood, which injections of iced water soon restrained. A remnant of the tumor was perceived in the pharynx; it was removed, and the entire cut surface was cauterised with the red-hot iron. On examining the tumor, it presented all the characters of encephaloid structure.

The wounds soon healed, and the patient could sleep and swallow as usual. Unfortunately the tumor beneath the sterno-mastoid muscle soon began to enlarge, and it was extirpated on the 18th March. The operation was more difficult than the first one; the occipital artery was divided, and bled as freely as if the external carotid artery had never been tied. This wound healed tediously. But new tumors soon formed behind the angle of the jaw, and the case was then deemed beyond the resources of surgery.

14th April, the patient left the hospital, and the difficulty of swallowing returned soon after.—*Organ für die gesammte Heilkunde.*

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen—You would oblige me by giving the accompanying remarks a place in your next publication.

Your's much obliged,

JAMES B. THOMPSON, M.D., Surgeon, &c.

33, Upper Gower-street,
University College.

NON-UNION OF FRACTURED BONES FROM SYPHILITIC TAINT IN THE CONSTITUTION—UTILITY OF QUININE IN COMBINATION WITH ALTERATIVE MEDICINES.

By James B. Thompson, M.D.

John Meiklam, ætat 47, a soldier, a married man, of a robust apparently good general constitution; met with an accident, by which his thigh bone was fractured at the lower third—a transverse fracture. After the consequent inflammation was got down by the usual treatment, the limb was put up in the ordinary manner, and the bones in perfect apposition, and all seemed going on well; however, at the end of the third week the bandages were opened, and on examining the limb in and about the fractured part, I was struck with the presence of a crepitus, and the non existence of callus; and I was rather surprised at the circumstance, as the case seemed, in all other respects, to have been going on as well as could be expected. On consideration of the case, I was under the impression that there must have been something wrong, and I was suspicious that this patient may have contracted venereal at some former period, or was more probably tainted by its constitutional effects, or that of the injudicious administration of some mercurial preparations. On making inquiries as to his former history and mode of life, I was enabled, after some considerable difficulty, to learn from him that, about seven years ago, when a bachelor, he had venereal, and was treated for it by a dispensary surgeon; and, from what I could ascertain, took pills night and morning to a very considerable extent. Taking this into account with the usual arduous and trying duties of a soldier's life, I was then, and from what I have seen since, confirmed in the opinion, that the non-union of the fractured femur, in this man's case, resulted from the venereal or mercurial taint in his constitution. I bandaged the limb anew, and put the man on the following treatment, namely, a combination of quinine with alteratives, and continued this treatment for about a fortnight, or eighteen days, when I had the curiosity to look at the limb, and was pleased to find that callus was being thrown out, and that union was beginning to take place. I continued the treatment for some ten days longer, allowed the man porter and his usual diet, and all went on well. I discontinued my further attendance after the sixth week; and have since frequently seen the man, the limb quite restored, and going about his ordinary duties.

Obs.—The foregoing case is, in my opinion, a pretty good proof of the length of time during which the venereal or mercurial taint may remain, as it were, in a quiescent state in the system, without exhibiting any of its deleterious influences on the constitution of the patient; and I may be permitted to add the following instance, as it were, as another proof of this peculiarity in this disease:—

A young woman contracted the disease of syphilis at the age of 22. She was treated for it, and to all appearances was perfectly cured: in 18 months after, she got married, and, in due course, gave birth to a male child, who exhibited all the symptoms of venereal, as are usually met with in such cases. The child was treated for this disease with the hydrargyrum c. creta powders, and got well after some time. This young woman gave birth to another child in due time, who did not exhibit any the least indications of the disease, and was a remarkably healthy child. But what appears strange in this case is the following, and which, I think, will go to prove my first argument—that this woman, in two years afterwards, gave birth to a third child, who was actually much more diseased, to all appearance, than the first child; and though this child was, by the greatest care and attention, got over the first effects of the disease, still, in after years, it was not what you could call a healthy child, and was, particularly every spring, subject to a pustular affection on the skin, particularly about the genital organs, and all the lymphatic glands seemed rather enlarged and indurated.

I do not feel disposed to offer an opinion on this rather anomalous affection; but it clearly would lead one to infer, that it is probable these diseases, similar to venereal, may lurk, as it were, in the system, for a very long period. It would also lead one to the supposition, that a tainted parent may communicate to its offspring not exactly the actual disease from which that parent may have at some considerably earlier period suffered, but, as it were, another disease, modi-

fied in a very remarkable degree from the original contagious affection. This would appear to be the case in the instance of the third child, who had not exactly the venereal affection in its true characteristic and usual form, but seeming a complicated and modified affection, most affecting the particular glands which are invariably liable to the syphilitic virus. As to the case of ununited fractures, I am happy to be permitted to state, that Mr. W. Lawrence, to whom I made mention of the subject, said, that he did not at the moment bring to his recollection a case such as mine, but that his impression was, that venereal would have the effect as stated above.

If we were to judge from analogy, which is, I imagine, a pretty safe way to arrive at conclusions, it does not appear to me that there is any thing very remarkable or strange, after all, in these foregoing statements, as some gentlemen would seem to suppose. For instance, how many vegetable and mineral medicinal agents will, when given internally, remain for a very uncertain and protracted period in the patient's system, without producing any obvious effect; and all at once—when the patient and medical attendant are not prepared for the circumstance, or perhaps forget the occasion of having taken or administered these medicines—act as it were with a powerful and poisonous effect, and often bring the patient to the brink of the grave. Tobacco, digitalis, colchicum, muriated tincture of iron, and several other active powerful agents, such as cicuta, conium, and belladonna, elaterium, &c., &c. I may here remark with regard more particularly to the tincture of steel, as it may be well to caution young practitioners, when giving it, to acquaint their patients of its peculiar tendency to discolour the discharges from the bowels, and give them a blackish colour. It also affects the brain, in patients who are advanced in life, and produces an affection similar to what French physicians would call "a garre;" it is a peculiar dizziness, such as often attends obstinate cases of indigestion.

As it may not be amiss to offer a few remarks on the general administration of mercury, I will just here state the great caution necessary to be observed by medical men, when called in for the first time, to persons with whose previous history or constitution they are not acquainted. This is particularly necessary in cases where the administration of mercury in any shape, may be deemed advisable. For the indiscriminate and injudicious use of this medicine, and its after-effects on the constitution, become no doubt, the fruitful source of various anomalous affections—cutaneous, as well as seriously affecting the more vital organs, and all the chylopoietic viscera in general.

One of the most remarkable facts connected with the exhibition of mercury, is, that some constitutions will be affected by a single dose, and produce decisive but mild ptyalism. I have seen a young lady salivated by two grains of calomel, in combination with two and a half of James's powder. In other cases eight or ten grains may be given for a week, without any similar effect. Persons who have spent any time in warm climates, invariably require a larger and more frequent use of this medicine. I knew one lady, an officer's wife, who would take a scruple of calomel every day, for three or four days, before it produced the desired effect. If, to the local action of this powerful remedy, we add the prostration of strength which accompanies, and the biliary derangement which commonly follows, its administration, we can have no great difficulty in accounting for the mischief which it occasions, if incautiously given, and not closely watched in its after-effects.—*Medical Gazette.*

M. Boissel, an apothecary, has been elected member of the Chamber of Deputies for the 12th *arrondissement* of Paris.

COUNTY OF MEATH INFIRMARY.

REPORT FOR THE YEAR ENDING 24TH JUNE, 1840.

In-Patients.

In the house at last report,		29
Admitted since—Males,	201	
— Females,	89	
		—290
Total,		319
Of which number were discharged—		
Cured,		178
Relieved,		41
Irregular,		45
Incurable,		10
Died,		17
Remain in hospital,		28
Total,		319

Out-Patients,

Admitted to Benefit of the Dispensary, for the Year ending 24th June, 1840:

Old cases previously prescribed for,	2437	
New do., first presentation	3274	
Total,		—5711
Of which number were relieved—		
By advice and medicine,	5701	
Advice only,	10	
Total,		—5711
In-Patients,		319
Out-Patients,		5711
Grand total,		6030

N.B.—Six of the above recorded deaths were admitted under the sanction of the governors, in a hopeless state, without friends and utterly destitute of the means of subsistence.

REPORT FOR THE YEAR ENDING 24TH JUNE, 1841.

In-Patients.

In the house at last report,		25
Admitted since—Males,	177	
— Females,	119	
		—— 296
Total,		321
Of which number were discharged—		
Cured,		196
Relieved,		39
Irregular,		40
Incurable,		2
Died,		15
Remain in hospital,		29
Total,		321

Out-Patients,

Admitted to Benefit of Dispensary, for the Year ending 24th June, 1841.

Old cases previously prescribed for,	2646	
New do., first presentation,	3472	
Total		——6118
Of which number were relieved—		
By advice and medicine.	6107	
Advice only,	11	
Total,		——6118
In-Patients,		321
Out-Patients...		6118
Grand total,		6439

Seven of the recorded deaths were admitted in a hopeless condition.

OBSERVATIONS.

By contrasting the above reports, an increase of 409 appears in favour of the past year, ending June

24th, 1841; two of which number only belong to the list of intern, whilst 407 appears to be the increase of dispensary patients for the above period.

As several gentlemen who are neither governors of the Hospital nor subscribers to the Dispensary, are in the habit of sending patients there for advice or admission, each governor is requested to make known in his neighbourhood, that all patients so recommended, will be at the trouble and inconvenience of the journey without deriving any benefit from the institution. Cases of extreme urgency, (medical as well as surgical) will always be promptly attended to, and such individuals require no ticket from a governor.

Twenty guineas constitutes a life governor; three guineas an annual governor, and one guinea entitles to recommend to the Dispensary. Subscriptions fall due on each 24th day of June.

Trusses distributed to those who are afflicted with ruptures, on paying half the original prices of these instruments, viz., for a double truss 4s., single do. 2s. 6d., small size 1s. 8d.

The number of beds have been increased from 22 to 30, but unless an additional grant be obtained from the county at the next assizes, the admissions must be again reduced to the former number.

The above named increase in the number of beds commenced in the year 1838, and was occasioned by a growing demand for admission; to meet which, the governors exhausted the small fund (about £300) then in hand, and the treasurer was lately obliged to borrow money at a high interest, in order to meet the expenses of the current year. It is with regret we add,, that although we may be able to support the 30 beds, that number will still be insufficient, should the demand for admission continue to be what it now is. 40 beds it is believed would give accommodation to all urgent cases.

Children are no longer vaccinated at the Infirmary as heretofore, the poor-law commissioners having here, as elsewhere in Ireland, set up to auction (on agreement by contract or tender) that part of the public service; at the same time limiting the payment, or, as they incorrectly called it "remuneration" for such services, to a sum which excluded all competition on the part of respectable medical practitioners, few, very few, respectable medical men have been compelled by circumstances to accede to the terms here alluded to, and all these admit that "successful vaccination" can not be practised under the restrictions imposed upon them.

There is, therefore, virtually little or no security in Ireland against the ravages of small pox. The act of parliament passed in the 3rd and 4th of Victoria, intitled "An act to extend the practice of vaccination" has been rendered inoperative by transferring those duties from respectable medical practitioners. A irrespective of former services gratuitously afforded, into the hands of men, the greater number of whom are not as the act requires "competent medical practitioners," but apothecaries or druggists holding no diploma, medical or surgical, and it is feared many have entered into those contracts whose statements are not deserving of confidence.

An apothecary, it is true, may be in all respects fully competent to perform vaccination. A diploma, does not confer knowledge, although to the public it is some guarantee for the possession of it. At Navan the contract has been accepted by an apothecary who, it is believed, performs the duty well and faithfully, else the gratuitous vaccination of the poor children would be continued at the Infirmary, notwithstanding the act of parliament, above referred to, exonerates from such services all those who are not appointed under its provisions. Thus an apothecary, though he be virtually competent (as any man in the community may be), still he is not a "medical practitioner" but by assumption, and not in conformity with the letter or spirit of the act.

It is a melancholy fact, that the medical charities of Ireland, numerous as they are, fall far short of affording perfect medical relief to the sick poor; and it is further admitted, that in the present state of this country, that most desirable end cannot be attained. The unsolved problem, therefore, is, to what extent and by what means can the resources we possess be best applied in rendering our medical charities more efficient for the public service. The late government in their zeal to apply a remedy to this evil, sought the council of the poor-law authorities, and accordingly a draught of a bill was prepared by them, (a copy of which will be found at page 33 of their last report, addressed to the Marquess of Normanby, and lying now for inspection at the County Infirmary,) having for its object, not alone to set aside the authority of governors, but also to knock up the present system of fever hospital and dispensary relief. County infirmaries are not included under this comprehensive system of reform, but no doubt they are reserved for future operations.

Clause 2nd, of the bill alluded to, provides, that "powers for raising funds, &c., for dispensaries and fever hospitals under existing acts, shall cease on a certain day, or when ordered under hand and seal of poor-law commissioners;" but clauses 10 and 11 provide, that "as soon as the number of dispensaries necessary in any union" is ascertained, "the poor-law commissioners will direct the board of guardians to divide the union into dispensary districts."

This bill is so ably commented on by a contemporary periodical (the DUBLIN MEDICAL PRESS, for June 2nd, 1841), that no apology is made for quoting it:—

"Where according to this bill is the real power of controlling and governing the medical charities to be placed? Poor-law commissioners "divide dispensary districts?" The boards of guardians are empowered to appoint rate-payers to act with the guardians and wardens as a committee of governors of the dispensary established, or to be established therein. The board of guardians are also empowered to form the union, into "Fever Hospital districts," and to provide such hospital accommodation as the wants of the union may seem to require, and to appoint annually a "governing committee to consist of such guardians and of such rate-payers as the board of guardians shall determine." Thus are the present fever hospitals and dispensaries of Ireland (500 in number) to be swept away, and the existing governors blotted out. Substituting new institutions "governed by the poor-law commissioners in their stead."

The attention of the governors is directed in a special manner to this most objectionable attempt at a monopoly of power on the part of the poor-law commissioners.

It would seem apparent that the nobility, gentry, and respectable inhabitants of this country; aided by a competent medical board, are not only the best qualified to discharge the duties of governing, but are also the best judges of the extent to which medical relief may be required, or ought to be extended in their several localities. The converse of this proposition, however, is set forward by the poor-law commissioners, who say, (see report as above) the poor are to have *perfect* medical relief, and in order to effect this, they propose the immediate establishment of branch infirmaries; the multiplication of fever hospitals and dispensaries where such appear to *them* to be required: the whole to be supported by a compulsory tax, to be raised as part of the as yet

untried poor-law scheme. The proposal is too absurd to need any comment.

It is objected to the present system of medical relief that it is open to "jobbing." It is true our public institutions are sometimes poached upon by persons who are able to pay for medical advice; but this abuse does not exist to the extent supposed by some. The County Infirmaries of Donegal and Tyrone are pointed to (see report of commissioners) as striking examples of existing abuses, which, if true, admit of correction under a properly conducted medical inspection, and this the surgeons of county infirmaries have long sought and are anxious to obtain. A young man after getting his diploma, can go among his friends, and by inducing them to subscribe £50 or £60 to a dispensary, can then go before the grand jury, and insist on getting an equal sum from the county—this indeed is a job; yet it may be a very good job in many instances; for if it be in a remote and impoverished part of the country, in which the poor people could have no other possible relief, it might be most advantageous. Instances are not wanting, however, where a poor-law commissioner availed himself of the last ground of complaint, in order to establish dispensaries where others existed and were in full operation: the wants of the poor might justify such a step, if the infirmaries and hospitals of the place, were supported to the extent of giving admission to all urgent cases, the proper business of a dispensary being to prescribe for light ones, such as may be safely treated in their own cabins: but this was not the case at Navan, where a dispensary was lately established, not at the suggestion, but through the *active exertions* of Mr. Denis Phelan, one of the assistant-commissioners. Here the County Infirmary, as already shown, requires an additional grant: the fever hospital cannot in general, give admission to one half of those affected with fever, and thus by misdirecting the resources we possesss a necessity is created for spurious and insufficient establishments, such as dispensaries must ever be when applied to the treatment of grave and serious disease, requiring strict medical or surgical attendance.

Since the establishment of the dispensary alluded to, the number of out-door patients at the infirmary has increased 407 in one year. Should another dispensary be established, the number of applications will, no doubt, increase still more. This apparent paradox will be best explained by a very familiar illustration. A poor man, the head of a numerous family, is seized with fever, a dispensary doctor, residing it may be, a distance of five miles, visits him, and through great personal labour and risk, succeeds, under Providence, in restoring him to health. The disease, however, spreads not alone to his, the poor man's family, but to his neighbours also, often to his rich neighbours. Here a field for dispensary practice opens, every portion of which might have been prevented at a great public saving, and what is of far greater importance, at a probable, nay certain, saving of human life and misery, by *one* bed in a fever hospital. This is by no means a solitary example, the same rule applies to all contagious or infectious disorders, and, though in a less striking manner to those of a contrary description also. Other causes for the increase here alluded to, might be adduced—such as a season of scarcity and the novelty of new doctors, and the hope of obtaining from them that relief which better food and more comfortable homes could alone adequately supply. It is our painful duty to state that the class of paupers here referred to, constitute no small portion of those dispensary patients, who wander about from one medical charity to another, several of whom are at present receiving expensive medicine of a strengthening nature from this County Infirmary, in the hope that Providence will provide for them what nature and humanity proclaim to be better suited to their wants.

It may be remarked incidentally, that all eyes are turned to the work-houses as a means of alleviating this most fertile source of disease and death. The following statement from one of the medical officers of the South Dublin Work-house, will show how far these expectations are likely to be realised:—

"In one hall used both as sleeping and day room, 37 nurses and 44 infants are incarcerated during the greater part of the twenty-four hours, and thus exposed to influences, which must either consign these unhappy children to a premature grave, or render them so scrofulous as to be curses to themselves, and a disgrace to the institution."

The diet of the children, Dr. Lees also "declares to be quite unsuitable," and that as the result of those combined causes, his colleague, Mr. Shannon, and he "had in their post mortem examinations of the children who died in the work-house, almost invariably found tubercles in the brain, lungs, or the bowels." Similar statements are given at Cork. The work-house at Dunshaughlin, the only one open at present in this county, does less mischief than the foregoing. Here the few (60 to 100) first admitted, sought their safety in flight, alleging that a scanty breakfast, a still more scanty dinner, and *no* supper, was not sufficient to support nature; at present, it is said, but *five* paupers are enjoying the *benefits* of this costly institution.

It is a bad argument to say dispensaries are useful, and should be supported, where the public grants can not be increased beyond what is proved to be insufficient to maintain hospitals which are far more useful.

In the present limited state of our funds, a judicious application of them is of the first importance, and it is desirable that the number of our hospitals be increased and their support rendered less precarious than it must be under the voluntary system. It is apparent however, that before new institutions of this kind be established, unless in remote districts, (if such are to be found unsupplied), those already in existence should be enlarged and well supported; thus by a practical application of the means we possess, the resources of the country would be tested, and suitable remedies applied, (not at once or on uncertain grounds, as recommended by the poor-law commissioners), but in a progressive manner to meet the acknowledged evil.

The poor houses will, it is said, lessen the demand for admission at the County Infirmaries. In this county, as shown by the above report, a few wretched paupers are annually admitted into the infirmary to save them from certain and speedy death; these only are suited, or would receive a place in the work-houses: it is to be feared a far greater proportion would be sent from the work-houses to the infirmary. Many of the most grave and serious cases, medical and surgical, are at present sent to this County Hospital by Dispensary doctors; who say, and say rightly, it is out of their power to give them the necessary attendance, apart from other considerations, such as want of accommodation, attendance, &c. The general impression is, that no patients will be sent from the work-houses to other institutions; if this principle be adhered to, a better class of medical practitioners must be chosen, than are likely to be had for £40 or £50 per annum. But admitting the doctor of a work-house to possess all ability, he must act as physician, surgeon, and apothecary to 700 or 800 paupers, the great majority of whom are labouring under some disease or ailment; no assistant is allowed

him, and where are the provisions for the performance of those capital and complicated surgical operations, many of which may be required amid such a mass of poverty and disease? The answer is apparent; all such patients must be sent to the County Infirmary, and thus the work-house doctors, like those in the dispensaries, will select cases fit for admission at the County Infirmary; the only difference is, that the opportunities of the former are far greater than those of the latter. What an influx may be expected at our infirmary, when the picked cases from five work-houses, containing on an average, 4000 sick and ailing poor, will be sent to our County Infirmary! No provision appears to be made or making in the work-houses for fever patients, how are these to be disposed of?

It is earnestly hoped, the governors of this hospital will exert their influence with the present government, personally, and through their friends, in order to effect, 1st—a revision and correction of the vaccination clause above referred to.

2ndly.—The appointment of proper medical officers to the workhouses, with suitable accommodation for the sick poor, such as surgical wards and a separate hospital for fever patients, apart from chronic cases: by which means our County Infirmary and Fever Hospital will be protected from the overflow which as already shown, must inevitably take place under the present system, if indeed, it is ever brought into operation.

3rdly.—To avert the evil of having the Medical Charities of Ireland placed under the controul or management of the authorities appointed to administer the poor-laws."

4thly.—It is hoped they will assert their own rights, maintain the authority they now possess, and insure to the poor of this country the best possible medical aid free of expense. It is one of the birth-rights of our countrymen, that they have funds provided for the purpose of procuring medical aid whenever they require it; a right enjoyed by them for half a century. Persons invested with an authority, which may well be called unconstitutional, come forward now to revolutionize the institutions of the country, to deprive the poor man of his right, in order to substitute the English Work-house system in its stead, a system inferior to it both in principle and application.

The difference between England and Ireland on this subject is very great. Medical relief has been extended from time immemmorial to the working classes in Ireland, even when not considered paupers, under the correct supposition that, though not paupers, they were unable to command medical aid, and thus a large, and by far the most deserving portion of our poor (the small and industrious farmer and the tradesman) obtain the best medical advice and assistance free of expense.

Medical assistance cannot be cheapened so as to put it within the reach of the poor man, who, though he may have the means of enjoying and procuring the necessaries of life, yet may not be rich enough to procure the necessary medical aid for himself or his family. Who can expect good medical advice for 1s. or 6d.? In order to obtain such, a man must purchase it, and if he has but 1s. or 6d. to do so, he can not obtain it, though with such a sum he may purchase medicines. It is in carrrying out this principle that the legislature of Ireland, at the period alluded to, showed itself superior to that of England.

L. BYRON, M.D., Surgeon.

MEDICAL SOCIETIES IN DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS.

December 17, 1841.

Sir—I have observed with much pain, on my return to town, that the Medico-Chirurgical Society is no longer in existence. This is a great evil to the students in the Dublin School of Medicine; and whether it proceed from the apathy of their elders, or their own neglect, is a disgrace to both. There the man of experience and the tyro came into contact, and from the mouth of the former came the lessons of wisdom and knowledge, in the familiar and pleasing form of social converse, unlike the dull routine of the schools; there the youthful aspirant felt, in the presence of the learned and honoured in his profession, a stimulus to exertion, and, in their approbation, a reward for his labours. But, Sir, it is unnecessary here to insist upon what all must admit, the usefulness, nay, the necessity, for such a society.

If the old cannot be revived, let us form a new. Let one of the colleges or private schools grant a theatre for the purpose of meeting: this will materially reduce the expenses of the society, for debt was the incubus that ever cramped the old committee, and at length crushed them. Let those who desire the honour and welfare of their profession come forward and assist in the good work, which will send forth their young men into practice something more than mere tools from the hands of the *Grinders*—men fitted by habits of reflection and the interchange of ideas to enter upon the vast field before them, which, without those guides, would appear a desolate waste.

May I trust, Sir, that through the means of your valuable periodical, these few lines, or something having the powerful influence of your own pen, may meet the eye of the profession.

I am, Sir, yours with great respect,

A STUDENT OF MEDICINE.

POOR-LAW INTELLIGENCE.

CORK UNION.

The board of guardians have addressed a memorial to the Lord Lieutenant, complaining of the indiscriminate transmission of paupers from various parts of England to the port of Cork, whereby the union is put to very heavy expense. They state that "at this moment local destitution has shown itself to so fearful an extent that the board of guardians are compelled to infringe on their regulations, and to allow three or even four persons in a bed; and even with such accommodation, the house is now crowded to its utmost capacity." The number in the house on the 17th instant was 1908.

ENNISCORTHY UNION—MR. MUGGERIDGE AND THE VACCINATION ACT.

Of all the evils that were ever inflicted on this country by virtue of legislative enactments, that, which has been, for the time of its existence, the most prolific of injustice to the peop'e and the country, is the, so-called Poor Law Act. The forebodings of those who opposed its introduction to this country have been more than verified by the results, already palpable of its operation; and between the blundering of over-paid officials on the one hand, and the supercilious contempt with which they treat the various Boards of Guardians on the other, they have engendered a feeling of disgust and indignation in the minds of all rational people in the kingdom. In this alone have they effectually succeeded; and in fostering a continuance of this, they are evidently determined to persevere.—Still learning the law which they are paid for dispensing, and ignorant of the country where that law is to be dispensed, it is no wonder that the men who mismanage the affairs of the "Poor Law Commission" are incapable of performing these duties, and incompetent for the due administration of that act.—The facts which have just come to our knowledge, and which we are just going to mention bear on these assertions in the plainest manner. Some time back,

the Guardians of the Enniscorthy Union advertised for medical men to vaccinate in that union, at the eightpenny and fourpenny rate of remuneration. The medical practitioners of the town, justly feeling indignant at such an insult, convened a meeting, and passed a resolution to the effect that they would not accept less than two-and-sixpence for each successful case.—Subsequently the Guardians raised it to a shilling and sixpence, as has been done in the other places, and the medical men still refused the proffered insult. A proposal was sent in from a Mr. Hutchinson, who, we understand, has served an apprenticeship, but has no legal qualification, accepting the terms proposed by the board, and the Guardians finding that the act had been interpreted in Wexford, as "prescribing no defined qualification to be indispensable for vaccinators," unanimously elected Mr. Hutchinson.—The Commissioners refused to sanction the appointment, and we think very justly did they act in so doing. But it appears when Mr. Hutchinson contended for his appointment, and pointed to the precedent of two "competent medical practitioners" in Wexford, the Assistant Commissioner Mr. Muggeridge actually told the Guardians that "*no such appointments had been made in Wexford.*" Here was a barefaced assertion made to a respectable and intelligent body of men, and in the face of that transaction in which Mr. Muggeridge himself performed a prominent part, not six months ago. Mr. Muggeridge, we say, denied the appointment: as an evidence of its occurrence, the MEDICAL PRESS was produced before him, in which the chairman's (Mr. Walker) letter, and Mr. Stanley's letter were published in the month of March last. These documents were pointed out to him, and Mr. Muggeridge giving an uneasy wince, when he cast a glance at our journal, said that "*he was not aware of the appointments being made, and that he could not take any evidence from* THAT PAPER *on the subject!*" The guardians still pressed the appointment, as small-pox was raging in the town, and it was their desire that the intentions of the legislature should be put into operation as speedily as possible. Mr. Muggeridge declined to decide on the matter, and it was referred to the commissioners, who declared, that Mr. Hutchinson's appointment could not be confirmed. Had they acted upon all occasions as they have done here, much trouble to themselves, and much insult to the profession would have been spared; but, the more they endeavour to please all parties, the more do they fail in the attempt; and thus, the law is lost sight of in the mean time. Some of the more obstinate of the guardians still pertinaciously insisted, that Mr. Hutchinson should be appointed in the face of this decision of the Commissioners; but, Mr. Muggeridge with the ready invention so necessary for his calling, told the guardians that "if they appointed Mr. Hutchinson, they subjected themselves to a penalty of £100 for so doing, under a clause in the vaccination act;" and furthermore, added that persons not qualified by law, were subject to a like penalty for practising vaccination. Of course, the guardians believing this, were terrified at the impending danger of a heavy fine from which they had escaped, and the matter was dropped. We do not remark on this matter to contend for the right of an unqualified person to be appointed as vaccinator, but merely to shew, how convéniently Assistant Commissioners may utter falsehoods, and forge out non-existing laws to carry their own views in spite of the guardians. Although Mr. Muggeridge would not take any *evidence* from *this paper*, it might often serve him to take a little *advice* from it, and we would caution him, for the future, from frightening an honest body of men, by telling them such outrageous stories about the existence of imaginary penalties in the vaccination act. Why did he not try its efficacy in Wexford, when the "competent" men were appointed there? By so doing, he would have saved himself a castigation which he still remembers, and he would have saved an insult to the respectable practitioners of Wexford, which called forth that castigation.

We have also been informed, that in order to compel the medical men to send in proposals for the vaccination, Mr. Muggeridge drew up a resolution, which he tendered for the consideration of the board, that "no medical man would be received as a candidate for the situation of medical attendant to the poor-house, unless he sent in a proposal for vaccination." This resolution, we are happy to add, was rejected by the good sense and honourable feeling of nearly the whole board of guardians.—*From our Private Correspondent.*

NORTH DUBLIN UNION.

We understand the poor-law commissioners have pledged themselves to publish a report of the late investigation with all questions and answers in full; this is absolutely necessary, in order that the proceedings at this wholesale inquest, may be accessible to those, who in a few weeks or months, may be called upon, at the other side of the channel, to deliberate on the facts disclosed. As many persons, however, will be unable to spare time to read the entire of the evidence, we think a short analysis of the proceedings may be useful.

The grand effort of the commissioners and those guardians who are for the bill, the whole bill, and nothing but the bill, was at the outset, to establish a total want of truth or accuracy in the account of the health of the children on admission as recorded in the books of the work-house, from which the clerk of the union furnished the returns in which it is stated, that but six children out of the first 100, were in bad health on admission.

The master's evidence proved nothing but that he left every thing to his deputy, and no doubt he has abundance of precedents for so doing. The assistant master stated he filled the record as to the health of the children from the statements of the mothers made to him on admission, whenever the board of guardians who admitted them, omitted to fill the column for health in the application book.

Several guardians who were in the habit of acting as chairmen of the admission boards, stated they took the health of the children from the statements of the mothers, who in order to excite compassion, seemed rather inclined to represent their children, if any thing, worse than they were. One guardian, however, stated, that in his opinion, the generality of the children on admission, had death stamped upon their countenances, and that he considered the accounts given by the mothers, to have been given under the influence of false hope. Without attempting to scan too closely the origin of a pauper-mother's hopes on entering the North Dublin Work House, it is plain, "hope told a flattering tale" in these cases, as in many others. Another guardian wo stated himself to have been, for many years, a trustee of the room-keepers society, declared that in his opinion, and to his knowledge, the majority of the infants admitted under two years of age, were sound and in good health; he stated the loss of life amongst the infants taken up by several of the societies, supported at a less expense, and of an equally destitute class as far below the mortality of the work-house.

The assistant master at length having been a full day under examination, stated that he thought them all in very bad health when admitted; at the same time he allowed, that he thought the mothers ought to be better judges than he was, that, if any thing, he

thought them inclined to represent the children as worse than they were; and that he truly recorded the answers given to him by the mothers whenever the admission boards had neglected to do so.

We shall not dwell longer on the evidence of this witness, who stood a very harassing examination, or of the other subordinates in the house by which it was attempted to establish a case of general if not universal ill health on admission. It must be at once admitted, that the mortality amongst such a class of children, will of course be rather heavy; that it is impossible to suppose out of 100 such infants, that 94 could be in rude health, and only six afflicted with disease; and perhaps it would have been better, to avoid quibbling, if the return out of which this investigation arose, had not contained any statement as to health, but had merely recited the admissions and discharges, with the period of residence in work-house, together with the deaths.

But admitting those six children or double the number to have been past all hope, and many of the other infants to have been suffering more or less from the destitution of their mothers, the united evidence of the medical officers agrees in asserting that there were *very many fine healthy children admitted; that very many of these contracted the same diseases as the others; that very many of them died; that very many of those who seemed delicate on admission, they would have expected, under ordinary circumstances, to have been recovered by a proper supply of the necessaries of life; that there was nothing in the state of the children on admission, to account for the mortality which has taken place;* and that the fatal progress of scrofula in both the Dublin Work-houses, had already attracted the attention of every medical school in the kingdom. Doctor Duncan clearly proved the rate of mortality amongst the children under 2 years old, to have been 63 per cent per annum, for the same class of children sent to nurse from the Foundling Hospital, the mortality was 40 per cent in 2 years; and latterly 50 per cent of all those taken in, lived to be 9 years old.

These are stubborn facts—Mr. Phelan who assisted at this investigation, may assert, assume, or insinuate whatever he may please as to the relative condition of these or any other classes of children, but we defy him to get over the truth of the facts and calculations which have been put forward: or to divert the public attention from this point. As to the accuracy of the return furnished by the clerk of the Board of Guardians, we confess that it appeared to us to have been attacked with such vigour from the commencement of the enquiry, that we are astonished to find it left so little injured, as a practical document, by the violent assaults made upon its veracity. The number of deaths at least, are not disputed. We have stated how the register was made out and kept; and the want of a more correct record is now made an obstacle to enquiry, because, indeed, the ninety-four children cannot be all warranted sound, and free from blemish on admission. Could we find ninety-four children to answer such a warranty in any of our squares, in contiguity with each other?

But let us now see where could a more accurate return have been obtained, and were the public to be longer kept from looking into the secrets of the prison house? Is there any evidence of any pains having been taken by the Commissioners or the Guardians, to have a more authentic medical record of the health on admission, kept? They do not find any fault with the medical officers for not keeping it. Mr. Hall admits it was the master's duty, not the medical officer's. Mr. Barlow the chairman admits the assistant master to be just as capable as the master, of keeping it, and we have already shewn how it was kept by him. We think it clear in the face of these proceedings, that an accurate medical record was never contemplated, at least, no diligence was used to obtain one, and if every guardian had waited to obtain such a document, the burying ground of the workhouse must have been enlarged.

Did the Commissioners ever dream of such an enquiry? Yet, such things have before taken place here, when the present workhouse was the House of Industry. Could the Commissioners have calculated on the inperfections of theiro wn records, for furnishing a defence for their system? Do they imagine it sufficient to furnish accurate half-yearly tables of the expenditure of oatmeal and potatoes, of the expense of the dietary of each class, and yet furnish no corresponding account, presenting at one glance the expenditure of life amongst the infants.

The matron, a maiden lady, was under examination for an entire day. This lady, who admitted she had no experience in children previous to her appointment, was very consistent in her testimony; she thought every thing very right, just as she did on an investigation, as to the children, last spring, when she told the board of guardians that, in her opinion, a pauper nurse could attend to 20 children, from two to five years old, at night, as well as by day. The guardians, at that time, differed with her, and thought ten a sufficient charge. But she was still of the same opinion, and thought 20 the right thing. She differed with the doctors now as to the dormitories, clothing, and day-rooms; she always selected the most careful nurses for the orphans, but still they died, and thought if she searched the registry, she could find six children in good health, who had been six months in the house; however, she did not produce them. On the whole, this lady's evidence was very amusing, Mr. Phelan was much pleased with it, and the drift of his examination of her, was to shew, how very superior the result of her experience and common sense, as he termed it was, to the mere medical opinions of the doctors.

What may be the result of this investigation we shall not presume to anticipate. We trust, however, that the guardians in such unions as may not have the advantage of men like Drs. Duncan, and Kirkpatrick, will take care that all children on admission into Irish workhouses, be not recorded as already stamped with death, and that true and accurate returns of the mortality in every class, in each house, be kept, together with the dates of all admissions and discharges, so that the deaths in these houses may be compared with the accredited tables of mortality elsewhere, and the public allowed to judge of the result.—*From our Private Correspondent.*

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, DEC. 23.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. Woods, Roscrea, 10s. renewal subscription.
W. D. Hemphill, M D., Clonmel, 10s. do.

The President read letters from Professor Kidd, of Oxford; Dr. Kidd, of Armagh; and Mr. Carter, of Newcastle-on-Tyne, expressing approval of his lately published pamphlet on medical reform.

Resolved—That forms of petitions on the several subjects interesting to the profession be forwarded by the Secretary, to the local secretaries, for the purpose of being signed as extensively and speedily as possible, in order that they may be ready for presentation early next session of parliament.

TO SUBSCRIBERS.

We beg leave to inform our friends that the MEDICAL PRESS this day completes the third year of its existence, and that subscriptions for the ensuing year are now payable.

TO CORRESPONDENTS.

We have to repeat, for at least the hundredth time, that no attention whatever is paid to anonymous communications in our office. Forwarding any such to us is, therefore, a loss of time, of paper, and of postage,

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 29, 1841.

THE APPLICATION OF THE COLLEGIATE SYSTEM TO MEDICAL EDUCATION.

In an early number of our present volume, we called the attention of our readers to a letter upon this topic, addressed to Sir Benjamin Brodie, by the Rev. J. H. North, chaplain to St. George's Hospital. The subject has been again brought, forcibly, under our notice by an article in the out coming number of the *British and Foreign Medical Review*, and we cannot, perhaps, close our labours for the year 1841, in a manner more calculated to advance our great object of making the medical profession an instrument as available as possible for the public good, than by a re-consideration of this most important matter.

Of the necessity for the adoption of some system of controul and academic discipline among medical students, we take it for granted, our readers are already convinced. If they are not, the fault is not ours, and we shall therefore not again go over this ground; but proceed to lay before them the details of the plan proposed for adoption in the London schools, by the editor of the *British and Foreign Review*.

First, with respect to *college residence:* It is proposed that this should be optional, encouraged but not enforced: in fact adopted to the same extent as it is in the University of Dublin; a view in which we entirely concur. Upon the practicability of providing residence, the following observations are made.

"The average cost to the medical pupil of his lodging at present is about 14s. per week, which, granting that he stays only eight months in the year, makes £24. For For this sum he is often content to obtain a small bedroom and sitting-room, in a confined gloomy situation. Now, if we fix the average terms to be demanded by the college at £20, one hundred resident students would produce an income of £2000. Out of this deduct £500 for incidental current expenses, such as servants' wages, repairs, &c., &c., and we have still £1500 as the return for the capital invested in the building. This sum, calculated at five per cent. would be the equivalent of £30,000 principal, a sum, we conceive, more than sufficient for the required purpose. But it is to be borne in mind, that this calculation is made at a high rate of interest, certainly higher than money might be raised for; not to mention all abatement on the score of donations, which would certainly be received towards so good a cause. We have also here provided only for 100 students; but few of the large schools would have so small a number accommodated within their walls, and some would have many more: moreover, the larger the building the less proportionally will be the expense—that is, room for 200 pupils would not cost the double of what would be required for 100. The *average* rate of charge to the student might, as we have said, be £20; but, of course, this must vary in each case according as he chose to have one or two rooms, or according to the floor on which he lived, as in the chambers at the inns of court."

This is the first step, and we may here remark, that it is absolutely essential that the measure should be a public and national one, and not in any degree possess the character of a private speculation. Should this not be attended to at the commencement of the scheme, it would, in a year or two, degenerate into a system of low lodging-house keeping, in which competition would operate, not in favour of beneficial controul and dicipline; but of cheapness and laxity. It is in our opinion, therefore, necessary that the proposed Colleges, Inns, or Halls, (whichever we may choose to call them), should be endowed with a legal corporate constitution, either directly given by the crown, or derived from some already existing educational corporation. In any other case the essential character of permanency, as well as the authority necessary for the enforcement of discipline, would be wanting. In London; King's and University Colleges require no additional powers, and we presume the great hospital schools would find little difficulty in obtaining charters of incorporation, for Inns of medicine in connection with each. In Dublin; the Colleges of Physicians and Surgeons, and the University, have ample, legal powers for effecting the object either conjointly, or separately, and the same may be said with regard to the similar institutions in Edinburgh and Glasgow.

"2. *Tutors*—The establishment of resident college tutors is the most important part of all the system under discussion. This is an improvement that is imperatively demanded, and which is so reasonable, and so easily accomplished, that if nothing else is done this must. At Cambridge and Oxford (where, by the by, the college tutor is by no means what he might be and ought to be), this functionary is appointed from among the fellows, and receives from each pupil allotted to him from £2 10s to £4 per quarter; or from £10 to £16 a year. If twenty-five students are appointed to be under his tuition, this will realize to him an income of £250 to £400. At the Universities the tutors have also their fellowships, and these, together with the pupils' fees, produce a handsome income. This however is not to be expected or indeed desired in London. Let a tutor be appointed to every twenty-five students, who shall pay him each £8 or £10 a year; this will give him an income of £200 or £250; and of course his rooms will be found for him, and perhaps his board. These tutors might be chosen by examination from the most meritorious of the third year's pupils; and though some preference should be shown to the members of the particular school, we should advise that the election should not be restricted to them, but thrown open to all the schools. How many men of superior talents and attainments would be delighted to obtain an appointment, which would enable them to pursue their studies with comfort for several years longer than they might otherwise be able to do! The duties of the tutor should be much the same as they are at the Universities. He would be the friend and guide of the pupil: his Mentor in every respect. He would superintend and assist his studies, practical and theoretical, and second the instructions of the professors by frequent catechetical exercises."

"3. *Domestic Arrangements.*—There should be one or two dining halls in the college. When the numbers are large we should prefer two. The students might be classed as first and second-years' men, and occupy different parts of the building accordingly, and use different dining halls: the tutors always dining with their classes.

"4. *Religious Observances.*—Prayer should be read at the chapel of the college night and morning, and encouragement given to the regular attendance on them at least once on every day, and not less than once on Sunday.—How far it might be desirable to adopt the system of fines for non-attendance, we have strong doubts; and we have not space, nor is it at present necessary to discuss the point. Of this, however, we are certain, that the regular attendance upon the ordinances of religion as a means of moral control, as well as of religious instruction, is of the greatest importance to the younger members of our profession, who, in the exercise of that profession, are about to enter upon duties of great moral responsibility and difficulty, and who therefore peculiarly require the guiding influences of a religious and moral education.

"5. *Costume.*—A particular academical dress is a matter of much less importance in London than in Oxford and Cambridge; and we have even doubts of its utility: it certainly is not necessary.

"6. *Rewards and Penalties.*—It may be objected that a system of collegiate discipline must be incomplete without the adoption of rewards and penalties for the enforcement of the authority of the College, and that there will be serious difficulties opposed to the exercising of such authority unless all the metropolitan schools come in to the same plan. We answer that to a judicious and cautious application of such controul there will be no difficulty on the part of the student, for whose benefit it is to be adopted, who will cheerfully submit to a necessary control for the sake of the immense benefits to be palpably derived from the whole system. Neither need the individual school which shall boldly put itself forward to remedy the present evils fear to stand alone, since the object in view is confessedly so important that there can be no doubt that the existing examining bodies must and will gladly assist the undertaking by their sanction and support, and by granting a proper degree of consideration and weight at their examinations to the certificates of good conduct accorded by the individual college. It will obviously be to the interest of the school to temper and soften the necessary strictness of its rules, and to encourage submission to them by rewarding good conduct."

Amid these details, no consideration is given to that which is the most important feature in the plan and must indeed form the basis of the entire structure. Nothing is said as to the nature of the *supreme government* of the inns or colleges. There should be in each, a principal, warden, or master, in whom the executive authority should be vested; as well as a dean or registrar to act under him in carrying out all internal arrangements. Something in the nature of a board or council would also be required to advise the head of the college and controul him in the discharge of his functions. In constructing these boards, we think the system adopted in the inns of court, might to a certain extent, be advantageously acted upon, and distinguished members of the profession, appointed to fill a position similar to that occupied by the benchers of those societies. With these honorary members, the professors or lecturers of each college, might be associated to form the board; the decisions and orders of which, so constituted, could not fail of carrying with them all desirable authority and weight.

We rejoice to learn from the remarks of the editor of the *British and Foreign Review*; that this subject is now likely to attract the attention of influential persons not belonging to our profession. If it be so taken up in London, the end may be considered as already accomplished. We sincerely trust that a similar movement may be attempted here. We cannot, it is true, command either money or extra-professional support to an extent at all proportional with that which every useful object is sure to obtain in the great metropolis; but still we have other facilities which are not to be found there. We have in the University and the Colleges of Physicians and Surgeons, three bodies already, separately, invested with corporate powers, sufficient for carrying out the measure. If they could be brought to unite *pro hac vice*, for the advancement of the interests of their country, they could, conjointly, obtain, without the slightest difficulty, ample pecuniary means for bringing their powers into action. A simple and easy plan by which such a conjunction might be accomplished, we may perhaps shortly submit to our readers.

LITERARY INTELLIGENCE.

A work on the practice of medicine by Doctor M'Cormac, of Belfast, is at present in the press. It will be completed in one volume; and, from the well-known scientific character of the author, will, we have no doubt, be looked for with anxiety by the profession.

BOOK RECEIVED.

Third Annual Report of the Registrar-General of Births, Deaths, and Marriages in England.

AVULSION OF THE SPLEEN.

M. Coynel was called to see a law student, aged 23, who stumbled and fell, the thorax and abdomen impinging on the ground. The patient whose health was much deteriorated, was of the bilious temperament, had suffered from several attacks of intermittent fever, and from various maladies in which the digestive organs were always prominently complicated. Immediately after the fall, he experienced acute pain, and prolonged syncope supervened. M. Coynel arrived an hour and half after the accident; the extremities were of icy coldness, the face pale, the pulse extremely feeble, the voice scarcely audible. Intense pain was experienced in the left hypochondrium, and extended thence to the pelvis; the limbs were slightly convulsed. These symptoms left no doubt of the existence of internal hœmorrhage, and death was evidently near at hand, though it was impossible to determine what was the injured organ. In less than four hours after the accident the patient died.

On dissection an enormous quantity of blood was found effused into the abdomen; and the spleen nearly double its natural size, was completely seperated from all its connections, and was found in the pelvis.—*Exposé des trav. de la Soc. de Med. de Toulouse—Gaz. des Hop.*

DEATH FROM INCAUTIOUS SWALLOWING OF DRUGS.

We regret to have to record the demise of this highly respectable gentleman, (Mr. Philip Courtenay), which took place at the Adelphi Hotel, in this town, on the night of Friday last, under circumstances of a peculiary distressing character. Mr. Courtenay, who had been a barrister on this circuit, and lately the representative in Parliament for Bridgewater, had contracted the dangerous habit of taking medicines, without consulting a professional adviser, for certain pains and ailments, under which he had occasionally laboured, and laudanum or some preparation of opium was his favourite dose. Having recently come back from Ireland, where he had been engaged in the trasaction of some family business, he was staying at the Adelphi for a few days, prior to his return to London, where he resided. It appears that he purchased a phial of solution of acetate of morphia, from Mr. Rawle, of Church-street, and a second phial of solution of muriate of morphia, from Messrs. Butler

and Colquhoun, of Castle-street, the whole, or the greater portion of both of which, it would seem, he swallowed on the night of Thursday last, for some pains under which he probably laboured at the time; the consequence was, that death ensued on the following evening. The deceased was in his 56th or 57th year.—*Liverpool Mail.*

PROMOTIONS.

MILITARY.—10th Light Dragoons—Surgeon D. Murray, M.D., from the 13th Foot, to be Surgeon, vice Rogers, who retires upon half-pay.

13th Foot— Assistant-Surgeon J. Robertson, M,D., to be Surgeon, vice Murray; T. G. Scott, M.D., to be Assistant-Surgeon, vice Robertson.

46th Foot—Assistant-Surgeon J. A. D. M'Bean, from the Staff, to be Assistant-Surgeon, vice Cowen, promoted.

72d Foot—D. Dumbreck, M.D., from Staff-Surgeon of the Second Class, to be Surgeon, vice Clarke, promoted to the Staff.

HOSPITAL STAFF.—Surgeon T. Clarke, from the 72d Foot, to be Staff-Surgeon of the First Class, vice S. Jeyes, M.D., who retires upon half-pay; Assistant-Surgeon A. Thom, from the Staff, to be Staff-Surgeon of the Second Class; Assistant-Surgeon P. Anglin, M.D., from the Staff, to be Staff-Surgeon of the Second Class.

NAVAL.—Surgeons A. G. G. Tucker, to the Minden; Dr. A. Nisbet, who served with Sir George Cockburn in the Vernon, to be Assisting-Surgeon at Greenwich Hospital.

Assistant-Surgeons—Dowdal Browne Whipple, to the Minden; W. Maitland, to the St. Vincent, A. Adams, to Haslar Hospital; Dr. A. Sibbald, to the Fly; William Rogers (b), to the Ferret. Dr. John Wilson, of Greenwich Hospital, who has lately been employed in making up, under the supervision of Sir W. Burnett, laborious statistical medical statements of the Navy, is appointed full Inspector, with a surgeon under him, of the Chinese squadron; he will go out in the Minden, and will take with him about six Assistant-Surgeons.

Acting Additional Assistant-Surgeon—Robert Beith, to the Cornwallis; D. Thompson (c), to the Minden; Dr. J. Henderson, to the Caledonia.

The following changes in the stations of the undermentioned medical officers have lately taken place, viz:—Staff-Surgeons A. Smith, and W. C. Humfrey, to Canada; T. D. Hume, M.D., and C. R. Boyes, M.D., to Jamaica; J. B Gibson, M.D,, to Malta; A. H. Cowen, to Gibraltar; W. Linton, M.D., to Chatham; A. W. Murray, to Tilbury Fort; W. J. Breslin, to Canterbury; D. Dumbreck, M.D., R. J. G. Grant, J. Edmundson, and D. C. Pitcairn, to Cork; W. M. Forde, and Assistant Staff-Surgeon, J. Marshall, to China; Assistant Staff-Surgeons P. D. Murray, from Jamaica to Chatham; and D. Kennedy, M.D., to Sierra Leone, vice Boyle, deceased.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Dec. 12,	51.5	40	29.418	.045
Monday	13th,	52	41.5	29.050	.035
Tuesday	14th,	46	33	29.900	.070
Wednesday	15th,	47	36.5	29.474	.105
Thursday	16th,	45 5	35	29.150	.080
Friday	17th,	40	31	29.650	
Saturday	18th,	35	26.5	29.500	
Sunday	19th,	35	25.5	29.300	
Monday	20th,	35.5	25	29.350	
Tuesday	21st,	36	30	29.800	.003
Wednesday	22d,	39	33.5	29.850	.040
Thursday	23d,	45	37 5	29.600	.150
Friday	24th,	51	37	29.700	.008
Saturday	25th,	51	36.5	29.600	.050

MOUNTRATH DISPENSARY.

AT a General Meeting of the Subscribers to the MOUNTRATH DISPENSARY, held at the Dispensary, pursuant to Notice, on TUESDAY, the 21st of December, 1841—

JAMES EDMUND SCOTT, Esq., in the Chair,

the following Resolutions were unanimously agreed to:—

Resolved—That upon reference to the Report of the Poor-Law Commissioners on the Medical Charities of Ireland, and signed "John O'Donohue, Denis Phelan, and M. Corr, A.P.L.C.," as relates to this Dispensary, we feel most justly indignant at the unauthorised and fallacious assertion,—"That the attendance afforded by this Dispensary, is inconsiderable and unsatisfactory; or that the Subscribers to it had intimated a wish that this Institution, or the Fever Hospital about to be established here, should be supported by funds raised as a portion of the poor-rate, or placed under such competent regulating authority, *as the Poor-Law Commissioners.*"

Resolved—That finding Messrs. Phelan and Corr were furnished with every information required by them, on their visit of inspection here; and a printed copy of our Rules and Regulations, and of our last year's Report, given them, in which was contained the following resolution; as also a copy of the names of the Nobility, Clergy, and Gentry, of this Town and Neighbourhood, resident and non-resident, who support it:—"That from the tickets of recommendation, which are regularly filed, it appears there have been two thousand six hundred persons attended at the Dispensary during the year, and two hundred and sixty-three at their own houses, exclusive of many accidents, strangers, and contagious diseases in families; and from the detailed account given by Doctor Smith, of the importance of many of these cases, their variety and results,—many of which we can bear ample testimony to, in our respective districts. It affords us sincere pleasure to record upon this occasion, (as it has been done for the 22 preceding years,) our unanimous thanks and approbation, for the very skilful, humane, and attentive manner, in which he has discharged the duties committed to his care, in this populous town and neighbourhood." We, therefore, cannot but express our astonishment, and confess our entire ignorance, where *the respectable parties* alluded to in their sophisticated report, are to be found *in this district*, nor why no allusion whatever was made to our excellent management, and the neat arrangement *of this public Dispensary*, so frequently repeated to the Governors present.

Resolved—That the compliment conferred upon Doctor Smith, in the Commissioners' Report, "That our Institution is in charge of a very competent Medical officer," is the only part in which we do most fully and heartily agree; but we apprehend the high character and station that Doctor Smith so justly holds in this County, renders it a matter of perfect indifference to him, what encomiums those commissioners may be willing to bestow.

Resolved—That the foregoing Resolutions be printed in the MEDICAL PRESS and *Leinster Express*, and a copy forwarded to the Chief Secretary of State by our Chairman; upon which occasion we most respectfully beg leave to recommend to the Government, in the strongest manner, Dr. Smith, as a gentleman whose professional rank, vast experience in the different departments of it, his business-like habits, and unshaken integrity and independence of character, so peculiarly fit him for one of those situations about to be made under the new Medical Charities' Bill; whereby we should feel confident the high character of the profession would be bestowed, and real and substantial benefit and relief afforded to the poor.

Signed. JAMES E. SCOTT, Chairman.
JAMES PATTISON.
WILLIAM ROE.
ROBERT GREENHAM.
JOHN HANDCOCK SCOTT, Clk.
ARTHUR MILLER.
DANIEL SAWYER.
HENRY CARLETON, Clk.
RICHARD HAWKSWORTH.
JOHN LYSTER, Treasurer.
HENRY CORNELIUS, Secretary.

James Edmund Scott, Esq., having vacated the Chair, and Robert Greenham, Esq., having been called thereto,

Resolved—That the thanks of this Meeting are hereby unanimously given to James Edmund Scott, Esq., for his very proper conduct in the Chair.

ROBERT GREENHAM, Chairman.

ROYAL
COLLEGE OF SURGEONS IN IRELAND.

THE President and Court of Censors will Elect a PROFESSOR of BOTANY, on SATURDAY, the 15th of January next.

Candidates should transmit their Testimonials to the Secretary on or before Tuesday, the 4th of January.

By order,
C. O'KEEFFE, Registrar.

ROYAL
COLLEGE OF SURGEONS IN IRELAND.

The President and Court of Censors will Elect a PROFESSOR of MIDWIFERY and DISEASES of WOMEN and CHILDREN, on SATURDAY, the 15th of January next.

Candidates should transmit their Testimonials to the Secretary, on or before Tuesday, the 4th of January.

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